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ABSTRACT

This briefing report on program evaluation notes that the new wave of family-centered, integrated services is forcing the field to rethink its methodology, and that the move towards outcome-driven reforms requires carefully defined outcomes and ways to measure them. Highlights of a seminar meeting held to explore these issues are included. The background briefing report itself begins with an introduction that stresses the need to reform patterns of delivering services to children and families. It asserts that creative approaches to evaluation must be developed and tested, and that improved and integrated data systems must be an integral part of improving service delivery. This report presents a broad framework for understanding the challenges involved with this reform. Its purpose is to share some preliminary thinking about what issues are, and about the kinds of data systems and evaluation studies needed to implement and assess new initiatives. Part I centers on program evaluation and the search for a new paradigm. It describes different evaluation approaches (microsimulation, experimentation and quasi-experimentation, qualitative evaluation) and their relevance to the new paradigm, and considers the additional approach of case studies. Part II discusses outcomes definition and measurement. Part III looks at information systems and data integration. Part IV considers the role of the federal government in data integration and evaluation. Part V presents examples of current research, data integration, and evaluation initiatives. Lists of guides and references are included. (NB)

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Data Integration and Evaluation: Essential Components of Family-Centered Systems Reform

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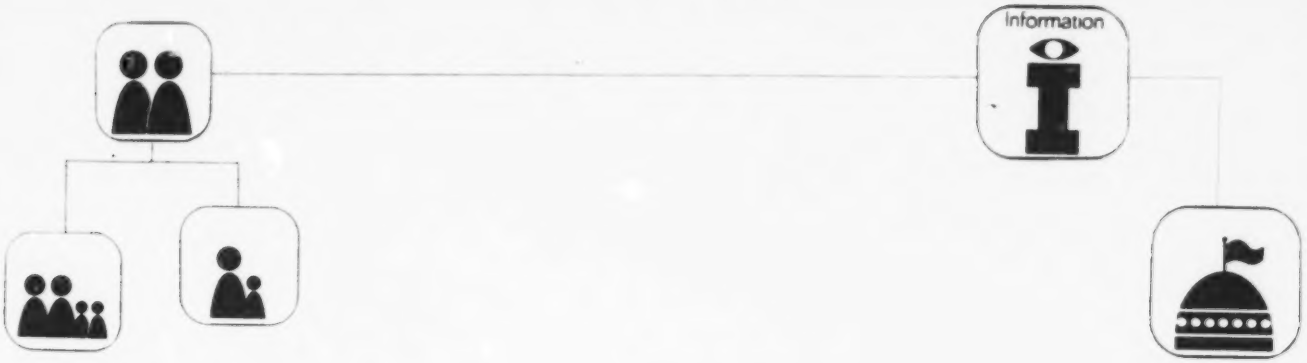

Data Integration and Evaluation: Essential Components of Family-Centered Systems Reform

September 17, 1993, Hart Senate Office Building, Rm. 708

Panelists: **Heather Weiss,** director, Harvard Family Research Project
Elyse Kaye, vice-president, James Bell Associates
Donna Stark, state director, Maryland's Children and Family Services Reform Initiative

Moderator: **Theodora Ooms,** director, Family Impact Seminar

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Data Integration and Evaluation: Essential Components of Family-Centered Systems Reform

by

Elena Cohen

and

Theodora Ooms

This policy seminar is one in a series of monthly seminars for policy staff titled, *Family-Centered Social Policy: The Emerging Agenda,* conducted by the **Family Impact Seminar,** American Association for Marriage and Family Therapy Research and Education Foundation, 1100 Seventeenth Street, N.W., Suite 901, Washington, D.C. 20036, 202/467-5114.

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DATA INTEGRATION AND EVALUATION: ESSENTIAL COMPONENTS OF FAMILY-CENTERED SYSTEMS REFORM

Highlights of the seminar meeting held on September 17, 1993, Hart Senate Building, Room 708.
(A supplement to the Background Briefing Report.)

The moderator, **Theodora Ooms,** introduced the seminar by noting the growing interest in program evaluation. The new wave of complex, family-centered, more integrated services is forcing the field to rethink its methodology and emphasizes the importance of improving basic data systems. In addition, the move towards outcome-driven reforms described in Vice President Gore's Reinventing Government report (National Performance Review, 1993) spotlights the need to more carefully define what we mean by outcomes and how they can be measured.

Ooms asked **Heather Weiss,** director of the Harvard Family Research Project and author/editor of several volumes on the subject, to address some of the challenges involved in the evaluation of family-centered, integrated systems reform.

Weiss said her remarks were based on the Project's close monitoring of the evolution of these kinds of programs in a number of states over a decade. In the course of these studies they have come to realize that programs by themselves are not enough, systems change is essential. "My colleagues and I have indeed bought into what has gotten to become the 'mantra'---family-focused, comprehensive, integrated, consumer-friendly systems of services---which, if taken seriously, has *profound* implications for rethinking evaluation of these initiatives."

Underlying all her comments, Weiss said, is the premise that our usual ways of proceeding in evaluation are not likely to work: we are going to have to do things very differently. But first she began by defining the key elements of the "mantra." *Family-focused* services are those that look beyond parenting education for mothers and parent-child interaction, and focus on improving the interactions between members of the whole family system. *Integrated* means that, at a minimum, two people or agencies that have not worked together in the past are now working together so that they can begin to put together these family-focused services. *Consumer friendliness* is more difficult to define. It has been talked about more in the business world, but no one made great strides in operationalizing this term.

Defining the mantra operationally poses tremendous challenges to the field of evaluation, Weiss said. This is because "we are inventing the plane as we fly it." These programs are not a bounded, prescribed treatment that allows us to say whether "it" works or not. These initiatives are extraordinarily complex and fluid and, for example, involve changes at multiple levels: the participants, frontline workers, the organization, between agencies, and in the community. Weiss said she wanted to present some ideas about strategies for evaluation that make sense, the key ingredients of these strategies, and some of the challenges they pose.

To first provide a concrete picture of what these programs are like, she briefly sketched the elements of the Gainesville Family Services Center project. In this project multiple services (health, mental health, parent education, social services) are co-located in two trailers situated between two elementary schools. An important parallel result was the development of a whole

network of relationships of informal support among the parents. An extraordinary degree of cooperation and negotiation among many different programs and layers in the public and private sectors was needed to put these services in place and continue to nurture them. Treatments are individualized for each client and provided with varying degrees of intensity, according to the needs and characteristics of different families. This makes it extremely difficult to use traditional methods of evaluation---for example, it is incredibly difficult to define the "treatment."

Since almost every player in the system is being asked to take risks and do things differently, new kinds of non-threatening partnerships are needed between those delivering and those evaluating these services. Weiss argued that to assure accountability in these system reforms, we have to recognize there are multiple stakeholders---not only those working in the programs, but also the customers, frontline workers, managers, taxpayers, and policymakers.

Principles

Weiss then enumerated some of the key principles that are needed to guide this new approach to evaluation.

- Evaluators need to develop means for providing continuous feedback to help the programs internalize a process of assessment, reflection, and mid-course correction. This is as simple as "Are you serving the people you said you were going to serve? Why aren't the other families that you had hoped to serve coming through the door? And it is as complex as finding ways to merge data systems."

- From the very beginning there has to be a focus on measurable outcomes for families and children. And who is at the table to determine these outcomes is particularly important. However, it doesn't make sense to develop long-term goals and after 10 years determine that the program did not work. There is a need to develop markers (interim, short-term indicators) that show whether programs are on the right track. At the front end these may be as simple as the number of commissioners who come to the meetings.

- We have to link evaluation to accountability. Evaluation in the past "has been like the tree that drops in the forest and nobody knows or cares." By contrast, Weiss argued, the evaluation should become an integral part of the initiative. If we are really talking about outcome-driven assessment, it means building public accountability for those evaluations. If the outcomes are not good, somebody will care and do something about it. This also means that we no longer have the outside, independent evaluator coming in and dictating what the outcomes are. We need a kind of participatory evaluation, particularly at the systems and community level, which cannot be insulated from politics. All stakeholders have to recognize and figure out how that can be managed.

What kinds of resources are needed to implement these principles? Weiss said this kind of approach requires sustained internal evaluation capacity and probably some help from external evaluators. It requires multidisciplinary teams knowledgeable not only about child and family outcomes but also about organizational development and systems change. And it requires keeping evaluation expenses reasonable enough so that the initiative can keep on its own inquiry even after the "formal" evaluation has ended. In fact, Weiss emphasized that evaluation activity should never end. "We should leave programs with the capacity to continue to evaluate themselves if we are serious about converting to outcome-driven services."

Challenges

Weiss noted that in developing and testing this kind of approach and determining its feasibility, we need to address the considerable problems faced in carrying it out. Past evaluation strategies, particularly with large scale evaluations, have been to bring in someone from the outside to assess impact using, ideally, experimental designs and random assignment. We have to look systematically and critically at this traditional evaluation strategy and ask whether, in these new initiatives, it will yield objective, credible, and relevant data.

We also have to figure out what are relevant and useful intermediate markers of success. And who sits at the table and makes that determination is critically important to the likelihood of achieving those markers. "So it isn't something that I as the great evaluator from Harvard come in and tell your community," Weiss said. "It is something that I as a more humble evaluator can come in and help you figure out for yourselves with some outside expertise and notions about how other communities have approached the same thing, and help you spell out your own set of markers for which you would then be willing to be held accountable."

Weiss said "this mantra is now going full force and if it is going to be anything other than rhetoric we are going to have to figure out how we hold ourselves accountable and what we want to be held accountable for." What **are** the outcomes and when do we expect to see them? It means some hard work figuring out how to measure everything from changes in internal family functioning---which we are not so good at yet---to figuring out how to look at changes in overall community rates for abuse and neglect.

Weiss added that it is important to figure out how to make better use of existing information. There is a whole lot of information being developed in communities and states, both formally and informally, which we do not make good use of. Weiss noted how disconnected communities evaluating mantra-type programs are from each other. Everybody is reinventing evaluation, and there are very few resources for folks in the communities to access some of the hard lessons learned in past evaluation efforts. Evaluators must recognize that this has implications for networking and knowledge development and dissemination.

Weiss concluded by reemphasizing the need to reframe the way we do evaluation. It is going to be more intensive and it is not going to be done strictly by outsiders. It is also means figuring out how to make better and quicker use of information that is currently being developed.

The second panelist was **Elyse Kaye,** vice president of James Bell Associates (JBA), a company that is involved in a wide range of program evaluations, including several integrated services projects. She began by saying that human services programs are changing radically. As a result, there is a tremendous need for an increased focus in the early stages of these initiatives on the formative (i.e., process) evaluation. Later on there is definitely a need to focus on the outcomes of these programs, but programs are seldom sufficiently defined at that beginning point to know what the outcome variables are going to be.

Kaye noted three areas that people need to examine carefully as they are doing process evaluations: the organization and planning of services integration; service delivery issues; and information system supports.

Organization and control. When organizing and planning service integration projects, evaluators need to look carefully at who controls the project. JBA evaluated the five services integration pilot projects funded by the U.S. Department of Health and Human Services in the mid-1980s and a key finding was that a lead agency always got the grant. The question becomes who is the lead agency and what requirements were put on them for distributing money, and what

incentives were there to truly bring other agencies into the process. In some of the projects the money went to the human services department, stayed within that department, and services integration occurred within the department. But people did not reach across agencies and funds didn't flow out of the lead agency in a way that would bring other people in.

One exception to this was in South Carolina, where the funding went to a legislative reorganization commission. The commission set up a process of competitive bidding in the counties, open to all local entities, and required that at least two entities within a county submit a specific proposal. As a result, there was a wide range of activities and stakeholders involved and a totally different level of activity and innovation was attempted.

There is also a continual tension in all evaluations on state versus local control. There's a general consensus that things work best when they are implemented at the local/community level. This is not to say that there cannot be state involvement. But, clearly, it must be implemented at the community level, community people must be involved, and they must agree to sign on to the initiative at a very early stage.

An issue that is often overlooked is the process of identifying the stakeholders. Stakeholders are defined here as anybody that either affects the initiative or is affected by the initiative, including all levels of state agency staff, political people, private agencies, businesses, local agencies, and unions. It means all levels of staff within an agency and, most importantly, the families who need services.

Past evaluations have often focused on the importance of high-level political commitment to a service integration initiative. But according to Kaye, they have found that while high-level political commitment is vital in initiating the service integration efforts, it is not necessarily the most important thing in sustaining and implementing them. "We jokingly say that sustained political commitment is a contradiction in terms!" Therefore, you had better involve middle management from the agencies in the process while you have that political commitment.

One of the most important questions to ask to people involved in planning and organizing services integration efforts is, "To whom do you report about what you are doing in this initiative?" And people ask, "To whom do I report in general or to whom do I report about this committee that is trying to put together the common assessment form?" There is a need to track not only how people talk to each other and to agencies they work with, but also how all these people feed the information back into their own agencies and to colleagues.

Kaye noted that the most common observance of staff when conducting case studies of these programs is that "nobody included us in this effort," or "nobody consulted with us." This is not always quite accurate, somebody was consulted, but maybe the wrong people. There are committees that talk to other committees, but there is not a process in place to communicate with the rest of the staff.

Service delivery issues. A central concern in past and current initiatives is how to effectively deliver multiple services. Under the Service Integration Pilot Projects, JBA observed five states trying to implement some kind of management system. A couple of sites essentially tried to graft their case management system onto existing workers, taking social services staff and public health nurses and training them to be case managers. Others started from scratch and hired and trained staff from a variety of backgrounds. In general, it was very difficult to graft case management to an existing unit that already had a professional identity. Kaye added that there needs to be a focus on starting a new unit of case management as a professional activity and not as something that is added to an existing job description.

The concept of co-location of services is becoming another popular element in these initiatives, Kaye said. And while it has become a very handy buzzword, people have totally different concepts about what co-location means. There are potentially three reasons for doing co-location of services. First, to facilitate access for clients. Second, to promote coordinated case planning. In theory, if staff are in the same place it will be easier for them to sit down and talk to one another and make decisions about how to proceed in serving a family. The third reason is to reduce administrative costs. There should be some economies of scale by limiting the number of people that have to do home visits, combining some activities, and so on.

If we are to measure the success of co-location, it is clearly important to clarify what the goals are and what steps are being taken to implement them, as they will not be achieved automatically. Kaye asserted that even if the services are located in one building, without a system to coordinate appointments, people will still have to return several times because their appointments are all at different times on different days.

Similarly, coordinated case planning is increasingly being used. There is a difference between this and simply out-stationing staff (where someone still reports back to the headquarters but spends some afternoons at a local site). Out-stationing may be a particular good thing in rural areas, but unless there is some case management structure at this co-located site---where people report through that structure and where there is case supervision, case conferences, etc.---this is not coordinated case planning.

Another important issue is that money in these initiatives is often provided for integration, not for delivering services. However, Kaye believes it is virtually impossible to improve family outcomes if one expands outreach efforts and make access easier but then does nothing to make more services available.

Integrated data bases. In her judgement, to date there are no truly integrated systems up and running. Many promising efforts are currently underway, but there have also been a lot of false starts and problems. This is true for both the large interagency databases where people are trying to get records from health departments or income assistance programs, or school records, as well as programs for family center workers trying to implement a good case management tracking system. Some of the barriers we have noted, Kaye said, include the fact that human services are woefully lacking in the needed technology---poor choices in software, a lack of appropriate hardware, and insufficient programming experience. Another major barrier, in case management tracking systems in particular, is a lack of computer terminals that the workers can use.

Other barriers include the often noted privacy and confidentiality issues which Kaye believes have been somewhat exaggerated. To some extent, confidentiality is often used as an excuse. "My data is more confidential than your data." In fact, if you look closely at the laws, there are ways that confidentiality can be assured and the data can still be shared. However, strong feelings are involved and there is sometimes a need to separate what are actual legal constraints from the opinions of the people involved.

A bigger problem is that the development of most systems has not been based on the needs of information management. We do not start out by asking, "What's the output report? What is the document that you would like to see on a monthly, quarterly, annual basis that will help you by telling you how your program is working? Instead, we developed a 'black hole'---everybody starts with the data input form. And the result is that we have all kinds of information falling into a system. Staff stop filling out the forms because they get no feedback because no one has figured out how to get the output in an organized format which is useful to feed back to people." Kaye said that these are some of the issues they feel are most important for evaluators to work with sites to improve on. Then, as we are better able to solve these problems, we can focus on outcome measures that are meaningful to all parties.

The third panelist spoke as a state administrator from a state which has launched a major reform initiative and thus has the "insider's" responsibility for deciding what kind of evaluation will be done and how to implement it. **Donna Stark,** the state director of Maryland's Children and Family Services Reform Initiative, introduced herself as "the lunatic who's trying to fly the plane that has one wing, incomplete wiring, little plumbing, and we are flying in a thunderstorm! As I heard Heather Weiss's metaphor, I reacted, yes, indeed this is what it feels like!"

Stark began by saying the most important question posed to her early on by the Governor after she had outlined to him the key elements of the "mantra" was, "Will you please tell me what this will do for Maryland's families?" And this is the central point: first and foremost, we have to ask ourselves if the reform is going to result in positive outcomes for families.

As Stark briefly summarized, the Maryland initiative is attempting to change the system so that families can get timely, comprehensive services in their homes and communities. That couldn't be done without changing the entire infrastructure of decisionmaking, funding, and accountability, and that is where a lot of time is being spent. Stark said they want to change the system so that decisions can be made on a collaborative basis at the neighborhood, city, county, and state levels. To do this, structures such as the Governor's sub-cabinet on children, youth, and families, local governing boards, and community boards have been established. They are looking at a financing strategy of redirecting money from high ends of the system---placement dollars into prevention dollars---refinancing activities that will maximize federal funding opportunities, reinvesting those dollars into child and family services, and rewarding communities, through incentives, for cost-effectiveness and achieving outcomes.

Stark said they have had a great deal of success, but still have a very, very long way to go. There are lots of prototype programs in the state that are making a difference in families' lives, but one of the challenges is to bring them to scale.

Self-evaluation strategy. In terms of today's topic, however, Stark said what they have learned most is the process of "self-evaluation" (as developed and designed by their consultant evaluator and "guru," Dr. Lynn Usher from the University of North Carolina). External evaluations and process evaluations are very important, but they are very different from the self-evaluation process. Before you can begin to plan an external evaluation, the first thing programs need to have sufficient integrity so that they can be evaluated.

Self-evaluation, Stark explained, is a continuing, constant process and has really become the driving force in Maryland. Workers, supervisors, and legislators have continuous data, based on outcomes, to help them examine what they are doing, see if it is what they intended to do, and make mid-course corrections. "The self-evaluation strategy gives us this opportunity. Most importantly, it gives us feedback for management and policy decisions all along the way. It's not anecdotal or gut feelings, but looking at the data in a timely way to develop and change policies which enable us to improve services for families."

Stark then outlined some of the first steps they had to take to implement this strategy. The Governor's subcabinet was created by law to take responsibility for the development of noncategorical, interagency services. They didn't really have any idea where to start. Everybody had an agenda, but they didn't have any cross-systems data whatsoever. For example, the child welfare agency really had no idea about how the juvenile justice agency was spending its money. They began by collecting cross-systems data and preparing an integrated children and family services budget. They started listing the services provided, but were immediately challenged by a lack of common definitions. Does an out-of-home placement mean the same for child welfare, and the juvenile justice, and mental health agencies? It was important to agree upon common definitions so they could begin to create characters and fields in their data system that made some sense.

They also developed a five-year trend analysis which looked at the flow of children out of their families and back into their homes and communities. The data was so revealing: one-third of the entire state human services budget was being spent on out-of-home placement. They had articulated a value---that the best place for children to be is with their families---that was inconsistent with the amount of dollars spent on out-of-home services. As a result, the first decision of the subcabinet was to decide on joint priorities and develop joint responsibility for solving and addressing these problems.

The Reform Initiative's agenda was shaped by these data. Whether you came from a perspective of families or from the perspective of economics, there was no question that this had to be a priority. Developing the elements of the mantra was easy, but developing the capacity for feedback about their success at enabling more families to stay together in a healthy and safe way was much harder.

The HomeBase data management system. They developed a set of questions, but did not know how they were going to collect the data to answer these questions. Over time they developed a software package called HomeBase, a case management tool that provides the data capacity to evaluate their self-evaluation questions. Workers can sit at the computer and ask if they are using the most appropriate model. Whether it is a six-week intensive service or a 12-week intensive service with step-down, the worker can query the system and get a print out that shows what services are being provided and where and how the worker's time is being spent. It is an immediate feedback loop to the worker and has implications for supervision and management. The aggregation of data gives local governing entities, local authorities, and the state subcabinet the information needed to determine whether the initiative is doing what it intended and to make mid-course corrections in a very timely way. For example, when they first used it in Prince George's County, they were astounded to discover they they were not doing what they intended to do, and this data helped them restructure their plans.

The HomeBase system is a family record, not an individual record, and this is an innovative aspect of the evaluation process. The system can be used to look at all the people in the family constellation, as defined by the family, see if there are any other members of the family being served by other agencies, and track family progress toward goal achievement.

HomeBase has been developed by family workers and is very user friendly. It has the capacity to track goals and strategies which are logically associated with outcomes. It also has the capacity to aggregate data that helps answer more questions and is used as feedback for planning and management purposes at the state, local, and unit level. Although they are very pleased with it, the HomeBase system is a long way from being the statewide integrated management information system it has the potential to become.

According to Stark, in Maryland they continue to face several challenges and questions.

- With the input of caseworkers themselves, they are developing their own family assessment form to determine basic demographics and characteristics, strengths, and needs of families. This form will be folded into the HomeBase system and used by all the caseworkers across the state.

- They continue to struggle with the development of an integrated MIS system. One major problem is that federal and state information system dollars are dedicated to the billing, auditing, and case management needs of single state agencies, not to the development of an integrated state systems. Maryland also has very substantial prior investments in mainframes (200 million dollars have gone into the child welfare MIS system) and integrating several systems is very challenging.

Is the confidentiality issue real or a red herring? There clearly is resistance to sharing data. One of the issues they've come across is protecting the access to one's data because it can be manipulated to achieve desired results. And there is a genuine concern that it may reveal some program deficits that would preferably be dealt with internally rather than publicly.

In closing, Stark offered a set of brief recommendations to those who influence legislation, language, policy, and funding that goes towards the development of outcome-based systems and the development of the data capacity to look at outcome-based systems.

- Whenever possible, funds should be allocated for the development of an integrated system or integrating current systems, rather than to a single agency information system.

- Funding should flow through collaborative bodies like Maryland's subcabinet because if you give funds to one agency, that's where it stays, even it is for a collaborative process. Proposals for information systems should come from that collaborative body, who will then be held accountable for the data and outcomes.

- We must develop a system that focuses on outcomes for families, not bureaucratic or budget-based outcomes, but outcomes that measure the difference made for families and the community.

- Self-evaluation strategies should be developed and external evaluations shouldn't be conducted until you have assurances that you are measuring what you intended to measure and implement.

Stark concluded by saying that it is important for projects to network with each other. "It is crazy for everyone to work separately when, if we have the capacity to share information and work as a collaborative, we could really do something that is much more cost-effective than our current strategies."

Points Raised During Discussion

- A participant from Wider Opportunities for Women asked about the benefits and pitfalls of involving clients in the self-evaluation process.

  Stark responded that the city of Baltimore has developed a number of processes, including a client satisfaction survey, and held a series of meetings with both adults and children to ask them to give a critical analysis of the services they received from the new system. What hasn't been done yet, Stark said, is to integrate that kind of process into the data set.

  Weiss said that several years ago, as a result of her interest in empowerment and family support, she and a colleague wrote a paper on participatory evaluation strategies. They were struck with the paradox that the programs were talking about empowerment but were using basically disempowering evaluation strategies. Weiss added that the paper raised the need but didn't give a lot of specifics about how to develop useful and credible participatory strategies (Weiss and Greene, 1992). True participatory evaluations include client input in determining what the questions are, possibly client participation in collecting the data, but certainly client participation in helping in the analysis and interpretation of what that data means and in some of the problem solving related to the inevitable mid-course corrections.

  Kaye added that studies typically focus on family satisfaction with services. While important, almost any program with a social service base that has trained staff reasonably well to be

sensitive and positive in their work with families will yield very high scores on satisfaction from families. So it is not always the best tool for discerning small differences or learning more about which specifics of a program are helpful and which are not. According to Kaye, in order to get a better sense of what happened rather than sticking with the questions about satisfaction, some surveys are starting to ask more specific things from families about what their goals are and who set the goals. Kaye suggested moving more towards focus group formats and other formats that may be more conducive to a broader discussion of services and family interactions with the system.

Ooms added that we are struggling to take the customer-driven model that is very much the thinking in the commercial sector and reframe it for social policy. This has never really been done before, except in asking about satisfaction with services received.

- Another questioner asked if the HomeBase system in Maryland can be asked a question, "Am I using the right model?" Is that a decision support system? If not, are there any other programs that are using decision support systems?

  Virginia Ives, who directed the development of HomeBase, responded that it is not a decision support system per se, that is: if x happens what should I do? ACTLOG, one aspect of HomeBase, has more to do with how the case managers are spending their time and it analyzes that information and draws a picture of it in a graphic form. As a result, an image of what the kinds of intensive family-focused services should look like over a course of time in the first, second, third, fourth, or sixth week of service is produced. This product could be evolved to include more decision support capacities.

- A participant from the National Council on Family Relations asked to what extent the outcomes for families had been defined. She noted that we talk a lot about dysfunctional families, but asked if the panelists had decided what they would call a functional family. Many times participants respond that they liked the programs and were satisfied, but when you look at behaviors and measure outcomes, not much had changed.

  Stark answered that in Maryland it means a family making decisions about what kinds of outcomes they want for themselves. They have some cross-systems outcomes: more children remaining with their families, and they can count the numbers of kids. When it comes to outcomes for families, it is the family who will decide they want their child to be in school five days a week. In Maryland they try to have the family quantify for themselves where they are and where they would like to be. This automated system allows the family, worker, supervisor, manager, and state to track progress towards the family's desired outcomes.

  The questioner responded that she recognized the validity of helping people make their own decisions and carry them out, but there are other problems that the family may not recognize or be dealing with that the case worker or community may feel need to be addressed, for example, dealing with alcoholism or spouse abuse. How are these issues dealt with?

  Kaye said that evaluations need data for all different kinds of purposes and levels of stakeholders, including legislatures or other funding sources. Both she, and later Weiss, agreed that there is a need to track certain kinds of key measures that everybody can understand and are easily accessible, and that translate into taxpayer dollars such as, out-of-home placements, child abuse and neglect, truancy, and delinquency reports. But there is also a need to focus on learning how to measure softer issues of intrafamily behavior that may translate later into these child outcome behaviors. Weiss worried as a researcher that if we only track broad indicator measures, we will lose some of those microunderstandings that enable us to comprehend why some of these complex and subtle interventions work.

- A questioner commented that the panelists advocated inexpensive evaluation so that it can be ongoing, but with cutbacks in funding and cuts in evaluation, how do you explain to people that it is important?

  Weiss replied that if you are going to say to people that they are going to be held accountable for outcomes, you have to give them the apparatus that enables them to have that accountability. If we are going to require outcome-driven systems, we have to give people the evaluation capacity to produce, reflect on, and demonstrate that they have achieved the outcomes. It isn't going to be easy and probably won't be cheap.

- A participant from NASBE asked to what extent evaluation designs are influenced, positively or negatively, by federal and state reporting requirements and confidentiality laws.

  Stark replied that both the reality and the myth around confidentiality is challenging. There is the challenge of protecting people's rights to privacy, which she acknowledged is very important. "But then how do we get through that to look at who is or isn't being served. We are told we can't develop this kind of (shared) system because there are all these separate reporting requirements for the entitlement programs---IV-B, IV-E, and Medicaid---so we have to develop our own (separate) systems to be responsive to what the federal government is asking for. This is a maze that clearly needs to be unraveled. "In fact, federal money is being provided right now to get state child welfare systems to set up new, separate data information systems such as the Adoption and Foster Care Analysis and Reporting System (AFCARS). How does this all fit together? When are we going to integrate these requests?

  Ooms concluded from Stark's comments that it would be clearly useful if the Feds got together and coordinated their reporting requirements.

  Kaye said she also thought there is a need to develop confidentiality rules that take into account the need for legitimate research purposes. "We work with many states where there are clear procedures to ensure that data are carefully treated and that confidentiality is observed, but where it is relatively a little bit saner in terms of getting access to the data and where there is recognition of the need for data for research and evaluation purposes."

- A participant from the National Center for Service Integration wanted to add to Donna Stark's comment about the need for states and localities struggling to develop integrated data systems to talk to one another. She noted that the Center had just received a grant from the Ford Foundation to do a survey to find out about integrated data systems being developed at different levels around the country and examine the challenges involved in that process.

  Ooms commented that the first step clearly was a descriptive inventory such as this of what is going on out there. The next step some foundations and others are interested in facilitating is peer-to-peer technical assistance on these issues. There just aren't enough experts like these at the table to meet the need. And often you learn more from your peers in another state or community.

Data Integration and Evaluation: Essential Components of Family-Centered Systems Reform

Background Briefing Report

INTRODUCTION

There is a growing sense of urgency about the need to reform our present patterns of delivering services to children and families. The guiding concept of the reform movement---that services need to be outcome-driven---is strongly echoed in the recent report of Vice President Gore's National Performance Review which asserts that government must be outcome based and customer driven. "Management in government does not judge most programs by whether they work or not. Instead, government typically measures program activity---how much it spends on them, or how many people it has assigned to staff them" (Gore, 1993: 72). Judging by results, the present child and family services system is seriously failing its customers.

In order to achieve better outcomes, major changes in the design and delivery of family and child service systems are clearly necessary. Services must become more comprehensive, integrated, family centered, and consumer friendly. Many initiatives are underway and others are being planned to implement these system goals. However, the new vision of a reformed system is currently far ahead of capacity. We do not yet know how to implement the changes---although we are beginning to learn. Nor do we yet know whether, once implemented, these changes will improve outcomes---although there is some promising evidence that they can. Data and evaluation must play a critical role in building capacity for systems change, assuring accountability, and transforming the bold rhetoric into reality.

Political pressures for greater accountability, combined with new information technology, create an opportunity to reexamine the role of evaluation in the evolving field of child and family services. Initial attempts to evaluate the new integrated service and systems reform initiatives reveal the complexity and magnitude of the challenge and difficulties of doing so using traditional approaches. Two propositions are gaining increasing support:

(i) New creative approaches to evaluation need to be developed and tested.

(ii) Improved and integrated data systems must be viewed as an integral part of improving service delivery.

At this point in time there are many more questions than answers. What this report aims to do is present a broad framework for understanding the nature of the difficulties and challenges involved with this kind of reform. (This is the fifth seminar in our series on family-centered, integrated services reform.) Our overall purpose is to share some of the preliminary thinking about what these issues are, and about the kinds of data systems and evaluation studies needed to help implement and assess the new initiatives. We will specifically focus on some of the following key questions:

- What are the lessons from previous and current attempts to evaluate service integration and systems reform?
- What seem to be some of the appropriate evaluation designs and methodologies? What outcome measures need to be used?
- How can new information technologies (including management information systems and databases) be used to improve service delivery, evaluate programs, and increase knowledge?
- What are some of the barriers to evaluating integrated and family-centered programs?
- What is, and what should be, the federal role in promoting, funding, and supporting data systems and evaluation?

Many Purposes of Data Collection and Evaluation

The field of program evaluation is expanding its boundaries. As the revolution in child and family services proceeds, it is beginning to be understood that different audiences and stakeholders require different types of child and family data and program-related information at different stages. As an introduction to our discussion, we list below some of these objectives and the types of studies that address them, many of which will be discussed at greater length in the body of this report.

- To inform and alert people to a problem or need requiring some action (child and family indicators). *Audience: media, public officials, community leaders, policymakers.*
- To understand the factors contributing to the problem or need in order to design an appropriate policy or program intervention (survey research, focus groups, data matches). *Audience: researchers, program administrators.*
- To assess the extent to which existing services in a community (or state) adequately meet the needs or respond to the problem (community or statewide needs assessments, cross-system data matches). *Audience: advocates, policymakers.*
- To assess/predict the probable future costs of a benefit or program change (micro-simulation). *Audience: policymakers, taxpayers.*
- To assess the appropriate timing and design for an evaluation of a new intervention or policy reform (evaluability assessment). *Audience: policymakers, program funders.*
- To document, describe, and assess the ways in which a program is being implemented in order to help improve the program (process evaluations). *Audience: administrators, supervisors, frontline staff.*
- To assess the immediate outcomes and long-run impact of a program or policy intervention (experimental demonstration studies) on program participants, their families, other institutions, and the community (outcome or impact evaluations). *Audience: funders, administrators, advocates, public.*
- To determine whether the benefits achieved by the new program or policy change are worth the increased costs (cost-benefit studies). *Audience: funders, policymakers, advocates, taxpayers.*

- To determine which of a number of similar programs or policies achieves the best results in dollar terms (cost-effectiveness). *Audience: funders, policymakers, advocates, taxpayers.*

- To assess the current state of knowledge by conducting a systematic, scientific review of the published findings of existing evaluations (systematic reviews and meta analyses). *Audience: researchers, policymakers.*

PART I. PROGRAM EVALUATION: THE SEARCH FOR A NEW PARADIGM

(Sources: Campbell, 1987; Corbett, 1990; Heckman, 1992; Levitan, 1992; Manski, 1990; Manski and Garfinkel, 1992; Prosser, 1992; Weiss and Greene, 1982)

Systematic program evaluation is a young discipline conceived in the sixties out of policymakers' desire to find out whether newly enacted anti-poverty programs were achieving their goals. But the initial question the field addressed---Does it work?---proved to be overly simplistic. The purposes of evaluation have since multiplied and the stakeholders become more numerous and diverse. As the field has evolved, its theory and methods have broadened and become more complex.

Recent publicity given to several flagship evaluations have convinced policymakers of the power and utility of the discipline and its capacity to deliver useful information. Ironically, at the same time, the field itself is in a state of considerable ferment and uncertainty. A number of its leaders are raising questions about the current reliance on randomized experimental design as the method of choice. And the emerging family-centered, integrated service models and system reform initiatives pose many new challenges that evaluators are not yet sure how to respond to.

As essential background information to our later discussion of these special challenges, we briefly review the progress, issues, and controversies that have accompanied the growth and development of program evaluation over the past three decades.

Background: The origins and development of the field

The application of scientific methods of assessment to the field of social policy first began in the sixties when the steady expansion of social welfare programs called forth the initial efforts to assess whether these programs were achieving their goals. The advent of computers made it possible to gather and analyze large bodies of information for the first time, and the research community developed increasingly sophisticated methods for doing so.

The first Congressionally mandated evaluation of a social program, a juvenile delinquency project, was recorded in 1962 (Levitan, 1992). Almost every substantial social program since then has been subjected to some form of evaluation. Literally thousands of evaluations have been conducted, many from an academic, university base. New professional evaluation journals and societies were founded. The demand for evaluation became so great that a number of private research firms, both for profit and nonprofit, began to dominate the field. Consequently, as Levitan points out, evaluation became not only a new discipline but a new industry.

Policymakers' interest in evaluation, which has traditionally been lukewarm, is definitely increasing. While their rhetoric in support of evaluation far outpaces the allocation of resources to pay for it, most legislation funding new programs now requires some form of evaluation. For example, the findings of the state WIN demonstrations helped shape and build support for the Family Support Act of 1988. This legislation mandated evaluation of the JOBS program and even specified in unusual detail the design to be used.

However, one of the field's best known scholars points out that while "a consensus exists that program evaluation is important and should be an integral part of the policy process. There is no consensus on the manner in which evaluations should be performed and the way their findings should be interpreted" (Manski, 1992: 1).

Different evaluation approaches and their relevance to the new paradigm

As Levitan (1992) succinctly explains, three principal approaches to evaluation have emerged over the past three decades: (i) microsimulation, (ii) experimentation, and (iii) qualitative evaluation. The first two reflect the dominant ideology which has emphasized quantitative information collected as part of controlled social experiments in which the primary goal is to measure the effect of the program intervention on the program participants. This is not surprising since evaluation's leading practitioners are, for the most part, trained in the methods and analytic tools of economics, the most quantitative of the social sciences. However, many other types of social scientists are increasingly becoming involved---political scientists, psychologists, sociologists, social workers, and ethnographers---and there is renewed interest in the value of the qualitative approaches they bring to the field.

The revolution in the way family and children's services are being designed and implemented is still in its very early stages. No community or state has yet achieved system-wide reform or a truly family-centered, integrated set of services. However, initial lessons about some of the challenges that evaluators of these reforms will have to encounter can be drawn from a number of studies conducted to date and several that are ongoing. In this section of the report we draw heavily from Levitan's formulations. Under each heading is a general discussion followed with comments *(in italics)* on some of these special challenges and issues.

(i) Microsimulation

In addition to wanting to know what works, policymakers and administrators frequently want answers to the question: What will this new program or these changes in policy **cost?** With the advent of national databases and advanced computer capacity, economists developed the techniques of microsimulation. Mathematical techniques are used in microsimulation to model the behavior of large numbers of individuals, households, or firms in response to changes in tax and welfare policy, program benefits, or economic conditions. Although they have come under some criticism, microsimulation models have played an important role in policy development and implementation, especially in the areas of tax and welfare reform. These models continue to be one of the evaluation industry's most valued tools.

Relevance to the reform movement. *While policymakers are certainly very curious to know the additional costs of many of the proposed child and family service reforms, microsimulation is not likely to be a tool that will be used in the new paradigm for a very long time, if ever. It requires well-developed, quantitative databases and clear theoretical models which are currently not available, and may never be.*

(ii) Experimentation and Quasi-Experimentation

While microsimulation attempts to predict costs, evaluations concerned with the results of actual interventions have relied heavily on the approach of social experimentation. In developing experimental designs, evaluators were clearly impressed with, and tried to emulate, the degree of rigor and control used in agricultural and other natural science experiments.

The question, "Does it work?" is usually taken to mean, "Does the program achieve the desired impact on those who participate in it?" To be able to prove that the observed effects on a participant were due to the program, it is necessary to show what the effects would have been if he or she had not participated (known as the counterfactual). Since no one can measure what didn't happen, the next best approach is to find a individual with identical characteristics who did not participate and compare effects. But such identical matching is seldom feasible. Thus, the technique of random assignment of potential participants to treatment and control (nontreatment) groups was devised as being the closest approximation possible and the preferred option.

Random assignment has often not been possible for various reasons, including high cost. In these cases, comparison groups of individuals from a nearby, similar community, as nearly matched as possible, are typically used. Such comparison groups, or creating synthetic comparisons using existing data sets, are recommended as valid alternatives to random assignment (Card, 1988; Nightingale, 1991). Such studies are said to be quasi-experiments. Comparison groups may be easier to implement, but have other problems. For example, school-linked initiatives may choose two schools with a similar population for comparison purposes. However, a school's principal can have a large impact on the school, which could make the comparisons invalid.

In the sixties and seventies a wave of program evaluations of early childhood and education (such as Head Start and Follow Through), youth employment, and other programs were conducted. Their findings were disappointing and, when negative, used to criticize and sometimes defund the program. However, most of these evaluations did not meet the tests of rigorous research to be able to adequately report on whether the programs were actually producing positive outcomes (Betsey and Hollister, 1987; Jacobs, 1988). Consequently, the initial high hopes for evaluation were temporarily dashed, and many programs had difficulty getting sufficient funding to perform high-quality evaluations.

A second wave of studies of state and local welfare, employment, and training demonstrations, conducted by Manpower Demonstration Research Corporation (MDRC) and other research firms, were much more rigorously designed and implemented. Their somewhat encouraging findings helped to gain much greater recognition and respect for evaluation in the policy community. In the past decade the experimental design (using random assignment) has become the standard and is widely touted as the best or, in some people's view, the only valid form of evaluation. The first national large-scale, multi-site evaluation using random assignment was the recently completed study of the Job Training Partnership Act (JTPA) conducted by the Department of Labor. Random assignment is a required feature of the national JOBS program evaluation and the Comprehensive Child Development Program Impact Evaluation. Random assignment was also required as part of the 10 state demonstration projects included in the House version of the Family Preservation and Family Support Act 1993 (part of the OBRA law), but this section was dropped in conference.

Limitations of the experimental model. While there is general agreement that the experimental model has injected a welcome degree of rigor and objectivity into the field of program evaluation, critics point out several limitations (see, among others, Campbell, 1987; Levitan, 1992; Manski, 1990). For example, participant attrition and changes in the community or the program itself can introduce selection bias and feedback effects which are ignored in the model and limit the generalizability of the findings. Moreover, random assignment is often not practical because of strong resistance on ethical grounds by program staff or the community when services are denied to eligible applicants (as was the case in many sites in the JTPA evaluation). In addition, random assignment may also not be feasible because the intervention has so penetrated a given community that it is not possible to identify sufficient numbers of people to assign to a control group (the saturation effect).

Importantly, experimental designs focus only on program impacts and fail to tell us what is in the "black box," namely, what components of the program are responsible for the observed effects.

Therefore, little is learned about what aspects of the program should be replicated, dropped, or improved.

Finally, too often there is inappropriate extrapolation from the findings of these tightly managed, well-staffed, and costly social experiments to the real world of large-scale implementation. (This was the case with using the strongly positive results of the high-cost, very intensive Ypsilanti, MI, early childhood demonstration to justify increased support and expansion of the Head Start program.)

Some critics of the reliance on experimental designs conclude that in the competition for scarce evaluation dollars, proportionately, too much money is being spent on such costly experiments. They believe there needs to be a better balance between investment in experimental and other types of evaluation, such as designs focusing on process as well as outcomes and using more qualitative methods (see Levitan, 1992).

Relevance to the reform movement

Family support and resource programs. *Comprehensive reviews of both flagship and fleet evaluations of family support and resource programs conclude that the standard experimental design does not fit most of the family support and two-generational programs whose goals are so broad and often so vague (to "support and strengthen" families), and whose outcomes are individualized in operational terms for each client and family (Powell, 1988; Weiss and Halpern, 1990, 1991; Weiss and Jacobs, 1988). This makes it very difficult to compare results between families within each program or across programs. In addition, the pathways of influence between parents' attitudes, knowledge, and behavior, and changes in their own and their child's behavior and vice versa are very unclear. It is not yet possible to develop hypotheses that link specific interventions to predicted outcomes.*

These programs exemplify why it is important for evaluators to study the components and relationships within the "black box." For example, the impact evaluation of the Child and Family Resource Programs documented an insignificant difference between the developmental level of the two groups of children compared. Later, the ethnographic study documented that home visitors spent more time helping the low-income mothers than on the child development activities that they were supposed to conduct during the visit. Therefore, the program outcomes reflected this shift in emphasis (Weiss and Halpern, 1988).

Further, the programs themselves are being constantly readjusted and modified so that the "black box" of treatment changes over time. In addition, these programs are deliberately designed to accommodate different community needs and environments, which is another reason why cross-site comparisons of outcomes are not appropriate.

Family preservation programs. *Several reviews of the evaluation of family preservation programs have been conducted recently and the authors have made similar comments about the difficulty of using experimental designs with this reform intervention. Indeed, the first wave of family preservation evaluations did not employ experimental designs and their findings of cost savings are, as a consequence, largely discounted. The second wave of studies, which included sites in California, New Jersey, and Illinois, did employ experimental designs. But because it is highly subjective, targeting programs on "families at imminent risk of placement" proved to be extremely difficult.*

One of the nation's leading evaluators, Peter Rossi, after a review of both waves of studies concludes that "the best (and often the only) way to obtain unbiased net effects estimates is to employ randomized controlled experiments in impact assessments...Accordingly, the evaluation design of choice for family preservation programs is the randomized controlled experiment"

(Rossi, 1992: 168). However, Rossi also recommends that the definition of success be broadened beyond the sole outcome of avoidance of placement since placement may sometimes be the preferred outcome. Other child and family outcome measures should be incorporated into these designs.

As originally conceived, intensive family preservation programs of the Homebuilders type were highly discrete and tightly designed programs, and separated from other child welfare services. However, they are becoming increasingly heterogeneous. And as they become gradually incorporated by states and local governments into a broader continuum of preventive services, as is the goal, it is less and less likely that experimental designs will be found to be useful and appropriate.

(iii) Qualitative Evaluation

Qualitative studies collect information on a much smaller number of cases, but in much greater depth and on a wider range of variables. They gather information from program participants, nonparticipants, service providers, administrators, and key informants in the community in attempts to explore and understand the hows and whys, as well as the impacts of the program. Qualitative approaches are generally more open-ended and exploratory in nature, striving to understand the factors and possible relationships involved rather than testing a particular hypothesis. The data collected is frequently described in process terms (relationships, behaviors, feelings) and are often not readily quantifiable or easily translated into dollar amounts.

Qualitative studies employ a wide variety of methods developed by the so called "softer social sciences" to gather information. These include telephone or in-person interviews which ask open-ended questions; participant, ethnographic, and structured program observations; focus group discussions; and videotaped observations of natural behavior or assigned tasks. Qualitative researchers may focus on a handful of intensive case studies of individuals or programs, gathering as much information as possible, or they may interview or observe larger numbers.

Qualitative studies were in use long before the advent of experimental approaches, but then went into disfavor because their findings were considered to be subjective and, therefore, the studies could not be replicated, nor were the findings believed to be generalizable. Over the past two decades, however, attempts at introducing greater rigor and consistency into methods of gathering and analyzing qualitative data have met with some success (see Patton, 1980, 1987). Since qualitative research, unlike the experimental studies, takes into account the contextual environment within which programs operate, some believe that the findings, though less rigorous, may be just as useful as the larger scale, experimental studies, if not more so (Jacobs, 1988; Levitan, 1992).

While qualitative studies are able to provide "thick descriptions" of context, program implementation, and systems outcomes, they have some drawbacks. Good qualitative evaluation is very expensive, it takes time, and is difficult to interpret. When using qualitative information to do cross-site comparisons, observation guides must be very structured to get consistent information. They end up resembling more a survey than an "ethnographic" description. When this is the case, evaluators have to assess the cost-effectiveness of using open-ended data collection methods.

Relevance to the reform movement. *Given the difficulties of pure outcome research when program goals are broad, services are both flexible and comprehensive, and the impact is likely to be long term rather than immediate, there is a clear need for more sophisticated, systemic evaluation designs which use a broad range of process and outcome measures. A wide range of qualitative designs and methods are employed in past and current evaluations of family support, family preservation, two-generation programs, and school-based integrated services.*

For example, Minnesota's Early Childhood Family Education program has adopted a systemic, five-tiered, stages approach to evaluation developed by Jacobs (1988). Only at the fifth tier is there an assessment of whether enduring changes in program participants, both parents and children, have occurred. The virtue of such an approach is that observed outcomes can be more readily connected to actual services or involvement in the program, rather than relying on statistical inferences about control group/experimental group differences.

Formative/process evaluations. One of the distinctions being made in the field of evaluation is between formative/process evaluations and outcome/impact evaluations. Formative/process evaluations are typically used in the early stages of a program evaluation to describe and understand how the program is being delivered, and to identify the factors that help or hinder program implementation or desired system reform---in other words, to understand what is happening in the "black box."

The controversies about the relative merits of quantitative and qualitative studies, and between impact (summative) and process (formative) designs, may be lessening somewhat as the field begins to appreciate that different methods and designs each have their value and complement one another (Jacobs, 1988). Indeed, many ongoing, large-scale studies, whether funded by the federal government or the private sector, now employ mixed methods and designs, including both process and outcome studies. However, the process and outcome studies are generally conducted independently, in sequence, and sometimes even by different organizations (see CCDP, p. 32).

Manski suggests that "the distinction between process and impact evaluation, albeit long-standing, is untenable" and arises from a failure to recognize that process is a part of treatment. Implementing a new program (treatment) is not like trying out a new fertilizer. A program represents the summation of a complicated set of relationships between various levels of government and of the decisions and behavior of hundreds of program administrators and service providers. Manski explains that to date process evaluations generally describe only program administration, but "policy formation requires answers to counterfactual questions. We need to know how program outcomes would change if the rules and incentives given to state and local agencies and service providers were altered" (Manski, 1992: 3).

Relevance to the reform movement. *Careful study and analysis of the changes in the program or service system---"unpacking the black box of treatment"---is recognized to be a major challenge for the reform movement. This will require new kinds of information and the development of new measures. For example, the community-based service integration initiatives and statewide system reforms include new forms of governance and altered relationships between levels of government which will need to be documented and assessed.*

One of the underlying assumptions, which needs to be continually tested, is that services that share certain characteristics, such as being more comprehensive, coordinated, and integrated, will in fact produce better outcomes. Thus, the first challenge for evaluators is to operationalize in very specific terms what is meant by the desired features and to show that they are plausible in relation to desired outcomes.

The initial evaluation report of the federally funded, six-site, Community-Based Service Integration Facilitator grants pointed out that co-location of services was the single reform strategy most often used by the reform initiatives under study. The author comments that the language of integration often cloaks some important differences. Thus, co-location of services by itself, without any other changes, is not likely to make much difference to client outcomes. It is important to assess whether co-location is accompanied by other changes such as joint case planning, collaborative treatment, and integrated eligibility, which are necessary to produce positive changes in outcome. This question will need to be carefully evaluated (Kaye, 1993).

*However, a second central tenet is to recognize that current programs and service systems are not only ineffective in achieving their goals, but that they are too often, in medical terminology, iatrogenic---themselves producing negative effects and causing harm to clients and providers alike (McKnight, 1990). Thus, at the core of the philosophy threading through the reform movement is that **how** services are delivered is as important as **what kinds** of services they are. Weiss and Greene (1982) indicate that family support programs with an empowerment orientation should promote empowerment-oriented evaluations that go further in promoting structural social change. These evaluations involve established decisionmakers in the evaluation process and center the evaluation within the local community context. Their suggestion is not that experimental or implementation studies be abandoned, but that evaluations become more participatory and give a voice to the perspective of participants and/or staff.*

Kaye's report also points out that evaluations of service delivery initiatives typically fail to consider that the proposed solutions may have unintended consequences. Program evaluators typically assume that new or improved services will have positive or at least neutral or no effects on client outcomes. However, service integration efforts may create as many problems as they solve, especially if implemented without sufficient resources and training. For example, consolidated application forms may be longer and more cumbersome and, in the hands of untrained workers, less effective and more burdensome tools for expediting intake.

Additional approaches

In addition to the process and outcome evaluations, the emerging new initiatives conduct a number of other types of research and evaluative activities which often combine quantitative and qualitative approaches. Such as:

- Conducting carefully planned, community-based needs assessments to help design the new service configuration or policy change. (New Beginnings)
- Data matching in which existing administrative records and data systems are compared to reveal the totality of child and family service involvement across systems. (Oakland)
- Evaluability assessments to determine what aspects of the reform initiative should, and can, be evaluated, using what kinds of research strategies. (Annie E. Casey/RTI; Turning Points Program in Washington, DC)

Case Studies. The case study has long been stereotyped as a weak sibling among social science methods, although the best known---such as the Lynds' *Middletown*, Whyte's *Street Corner Society*, and Liebow's *Tally's Corner*----have generated more revealing insights and new productive lines of research and programs than most social science experiments. However, they continue to be used extensively in social science research and business and increasingly are being used to study program and policy innovations (Yin, 1984). Case studies are used as an exploratory, descriptive, and explanatory research strategy, and are particularly useful when the focus is on a complex new social event, institution, or phenomenon (reform initiative) over which the investigator has no control. The case study "allows an investigation to retain holistic and meaningful characteristics of real-life events---such as individual life-cycles, organizational and managerial processes, neighborhood change, international relations, and the maturation of industries" (Yin, p. 14). Case studies are designed to answer all the who, what, when, where, why, and hows, drawing on a variety of types of information from a wide range of sources. Although there is no single blueprint for the case study approach, knowledge is accumulating about how to design and carry out case studies in a careful and rigorous manner, and approach the elusive and difficult issue of analysis.

The case study method is being used quite often by those who are trying to describe and understand the emerging reform initiatives. For example, the Harvard Family Research Project is conducting several case studies of statewide family support program initiatives and the Kennedy

School of Government conducted case studies of three state system reform initiatives (Maryland, Colorado, and Arkansas). One of the principal challenges in the case study and innovations literature is how to structure the inquiries so that comparisons can be made between cases and a foundation of theory can be built.

Case studies are being used as part of broader evaluation designs. Abt Associates is conducting the evaluation of the Even Start Family Literacy Program. This evaluation has several components: (1) the construction of a database, the National Evaluation Information System; (2) an in-depth study of ten projects, half with randomized experimental designs, to complement the broad-based data with small-scale, detailed analysis of the relationships between services received and short-term outcomes; and (3) other local evaluation studies as desired by individual grantees (St. Pierre, *et al.*, 1993).

Additional issues and challenges

• **Internal versus external evaluations.** One hotly debated topic is whether evaluations should be conducted by external, independent evaluators or by administrators and others involved in the program. There are clear advantages and disadvantages to both. Increasingly, program evaluations are conducted by both internal and external evaluators who assume different but related tasks.

Campbell (1988) believes that using external evaluators does not solve the problem of objectivity and creates a natural enmity between themselves and the program staff. The solution he recommends lies in following the example of the natural and physical scientists, in which those who design the experiment also carry it out, but they protect against biasing the results through a tradition of cross-validation with other studies. Weiss and Halpern (1990) suggest that such cross-validation should yield rich and useful findings.

Several evaluators in the reform movement are recommending approaches called "self-evaluation" or "participant evaluation," in which the administrators, supervisors, and frontline workers, with representatives of the current or potential client population, work together to design and implement the evaluation.

A compromise between the two approaches is to involve the program staff and clients in the various phases of a formative, process evaluation, and bring in outside evaluators to help design and conduct the impact evaluation. This is especially useful when several sites or programs are involved because the outside evaluators can help to assure that some of the types of data being collected and measure used are uniform across sites, making comparisons possible. For example, for the national evaluation of the Head Start Family Resource Centers, the Head Start Bureau, is providing coordination, technical assistance, and a definition of common elements to produce an integrated process evaluation. The same firm will be conducting the national impact evaluation (Griffith, 1993).

Self-evaluation is also gaining acceptance for a variety of reasons, including the fact that the knowledge and skills required to conduct internal evaluations or to build self-evaluating systems are found more widely in public agencies and that it empowers policymakers and program staff by encouraging them to identify markers of performance and monitor them on an ongoing basis in order to maintain and improve their performance. Lynn Usher (1993) developed a framework and continues to provide support and technical assistance to build the self-evaluation capacity of the Prince George's County (Maryland) Services Reform Initiative.

• **Timing.** There is a general consensus that too many evaluations have been conducted prematurely, long before the program was properly in place and debugged. Campbell recommends that no impact evaluation get underway until the program declares that it is "proud" (Campbell,

1987). However, the design of the evaluation needs to be in place at the very beginning of the program.

• **Multiple evaluations.** Currently, most grants require that the program be evaluated. Some of the agencies that are implementing programs under several grants have to conduct multiple evaluations, which sometimes imposes a tremendous burden on staff and consumers. An example is a school in California that has been very successful in obtaining money to start different innovations. At this moment there are about seven concurrent evaluations of the same students, staff, and families.

• **Political context: pressures and barriers.** Social science is a normative exercise. Values come into play in the choice of programs to evaluate, the questions to ask, and the manner in which studies are conducted. It is interesting to note, as Levitan does (1992), that programs providing social services to the poor have come under much greater pressure to be evaluated than public services and assistance provided to other sectors of society.

It is generally understood that both the science and the industry of evaluation are highly responsive to the policy environment. Policymakers helped to generate and continue to support the development of the field of evaluation. However, the policy environment also creates numerous barriers. Political pressures to get results quickly have led to requirements for premature outcome evaluations. As Corbett notes (1992: 26), "answers are wanted in the short term, largely defined by political cycles, and are expected to give definitive answers. Where a slow accretion of knowledge and insight would be useful, summative statements of impact are demanded." Policymakers are often overly enamored of evaluations that produce "hard numbers" without asking how solid these numbers are and what they mean.

Another problem is placing too much weight on the results of a single study. In the past, policymakers and advocates have used the results of a single study to damn or praise a program prematurely and inappropriately. For example, the Westinghouse study report in 1969 was used to prove that Head Start did **not** work, whereas the study of the Perry Preschool Program in Ypsilanti, MI, more than two decades later, has been cited as definitive evidence that Head Start **does** work. Evaluators recommend judging the merits of a new program or policy approach based on the accumulated evidence of a number of studies conducted over a period of time.

More recently, a study by GAO (September 1992) compared the findings of two initiatives (the Part H program and the Annie E. Casey Foundation child welfare initiatives) with the Head Start program. It concluded that linking at-risk families with services was a more successful strategy than systems reform. Many people believe the comparison was inappropriate (comparing apples and oranges). But, importantly, it was premature to come to a conclusion on the efficacy of system reform.

Finally, another major barrier is that policymakers have been quick to call for evaluation studies, and are increasingly mandating them, but have not provided sufficient dollars to conduct them. Happily, private foundations have increasingly picked up the tab for the evaluations of public programs. Neither policymakers nor the public seem to understand that quality evaluations are expensive and time consuming. Too often, the government has insisted that each demonstration project they fund should conduct an evaluation, but then set unrealistic limits on the amount of funds to be spent on the evaluation, which limits its usefulness. For example, programs funded through the Adolescent Family Life Office in DHHS could spend at a maximum only about 3-5% on evaluation (which amounted to between $5,000-$15,000). This amount was subsequently raised to 10%.

PART II. OUTCOMES DEFINITION AND MEASUREMENT

(Sources: Brizius and Campbell, 1991; CSSP, *et al.*, 1993; Gallagher, 1993; Gardner, 1989, 1991; McCroskey, 1991, 1993; Schorr, 1993; United Way, 1992)

A call for *outcome-driven* programs and *performance accountability* for human service programs is increasingly heard in many different public policy arenas (public education and welfare, health, and public and privately funded system reform efforts). Outcome accountability or administration by results are seen as the measure of success for human service programs replacing (or at least decreasing the need for) centralized, bureaucratic micromanagement and rigid rules (see Gore, 1993).

A focus on outcomes and on performance accountability requires a commitment to timely evaluation. And for family-centered, integrated reforms with an orientation toward systems change rather than isolated pilot projects, the evaluation of outcomes needs to address issues of data integration at the family, community, and systems levels.

Clarification of terms

Outcome-driven programs and policies are those that design and implement interventions or services that are focused on (or logically related to) measurable outcomes. It is believed that the use of outcome indicators will help focus attention on "mission" rather than rules and that this will make it easier for policy makers to desist from an overemphasis on regulating policies and procedures.

Outcomes are the results towards which interventions, programs, or services are directed. Because integrated, family-centered programs are targeted at four different levels, outcomes must be measured at the child, family, system, and community level. Sometimes the term **impact** is used to refer to outcomes or changes in systems or in the community. On other occasions the two words are used interchangeably.

Experts in other disciplines use the terms goals and objectives. In these circles, a goal is an abstract and general statement of desired outcomes and an objective is a specific, empirical, operational statement about a desired observable outcome. For any given goal, many different objectives may be written.

Outcomes can be defined as short term (mostly related to immediate results and also called objectives) or long term (also known as goals, impacts, or standards). Short-term effects are vital to the development and management of effective human service systems. Long-term outcomes are those usually most relevant to policymakers. A short-term outcome measure for a family planning program is the number of teenagers served who begin using contraceptives. The long-term goal is to increase the number of teens managing to avoid unplanned pregnancies.

Some outcomes are difficult to observe or measure, especially those that involve the work of several agencies. One example is the national educational goal that by the year 2000 every child will be ready for school. There are many ways of measuring the extent to which children are "ready" for school. Therefore, programs need to rely on several different **indicators** that suggest the presence of "school readiness." Indicators are features that point to the probability of the outcome occurring (for example, immunization rates, participation in child development programs, assessments of home stimulation or of child skills).

Outcomes cannot always be observed directly and must be measured with **proxy** (or indirect) indicators. For example, a long-term outcome of family-centered programs is to "empower families." Empowerment is a concept that is difficult to operationalize. Therefore, a proxy

indicator that is suggestive of the occurrence of the empowerment outcome may be used (i.e., decreased amount of time that the caseworker needs to spend advocating for the family).

Accountability concepts have their roots in the area of management, including economic theories about incentives and business concepts about control. Applying these concepts to public areas, Brizius and Campbell (1989) define **performance accountability** as a means of judging policies and programs by measuring their outcomes (or impacts) against agreed upon standards. It is the focus on outcomes that differentiates performance accountability from the more traditional ways of assessing policy or program performance.

Program accountability. The traditional accountability methods established to assure that public funds are being spent for the specific purposes for which they were appropriated are increasingly being called into question. Program accountability is currently used to assess programs by measuring their results against its pre-set goals or outcomes. The primary outcomes of interest are the changes that should occur if the program is working as planned (for example, if those adults who complete the job training programs get good jobs). Program accountability usually measures the outcomes for those people served by the particular program or set of programs.

Policy accountability looks at **impacts** (or outcomes) for whole groups or classes of people. Policy accountability focuses on whether a complex set of state programs and actions are achieving their broad goals. Individual programs can work well while broader policies fail. A policy must be measured both as the sum of the results from individual programs and in relation to other issues.

Standards are estimates of the suggested ideal outcomes that an effective program or policy is expected to produce. For example, when a state sets a goal of reducing its infant mortality rate to a certain level in five years, it has established a standard for judging the performance of a set of health and social services policies. When it says that the amount of child support paid by obligated parents will increase by at least five percent, it has set a standard for a state agency. Program performance standards usually specify (in quantifiable terms) changes desired in individual behavior or circumstances as a result of program interventions. Performance standards are increasingly being imposed on states by the federal government.

Benchmarks are incremental steps towards attaining the standards. Benchmarks are tangible measures, guideposts, or milestones that can be used for assessing progress towards meeting the standards. If the benchmarks are not achieved, it is unlikely that the program or policy will meet the standard established. As much as possible, the benchmarks must also place a priority on measuring results (for example, adult literacy) rather than efforts (the amount of money spent on literacy education). An example of a benchmark for a standard of reducing infant mortality in a community by 25 percent in five years would be a 10 percent yearly increase in mothers obtaining prenatal care.

Benchmarks can also be used at the case level to determine progress towards attaining goals. Chicago Project Match's family service workers and AFDC clients set up agreed standards and the short-term benchmarks to reach family's goals.

Selecting outcomes, indicators, and benchmarks

The identification of appropriate outcomes and benchmarks is one of the most important processes involved in designing and evaluating outcome-driven programs and policies. It is also one of the most difficult for some of the following reasons:

- Outcomes must be defined at different levels for participants (children and parents, the family unit) and for the community and the service systems.

- Over-orientation to outcomes goes against the grain of many service-providing professionals. (For example, medical doctors never guarantee an outcome as a result of services given.) What service providers offer is service expertise, a process of understanding a problematic condition and bringing their best knowledge to bear on it---they do not offer a product. Other than from an ethics standpoint, professionals are accountable for showing that they offer a knowledge-based, up-to-date, professional process (no physician's license is revoked for failing to cure a particular patient). From this perspective, it is easy to understand why human service providers are uncomfortable with being evaluated on the basis of their "outcomes."

- Outcomes may vary according to the developmental stage of programs. For example, a demonstration or pilot program's objective is to gather more knowledge about the problem and the program, even when the explicit objectives are specific, desirable social outcomes. At the beginning of demonstrations the outcomes may be very different than once the program is underway.

- The same set of outcomes and benchmarks cannot fit all integrated, family-centered programs equally well. There may be a need to define core reform "prototypes" to be able to describe more relevant outcomes.

- Negotiating an agreed upon set of outcomes in collaborative programs can be difficult. Staff from different disciplines or agencies may assume that their priorities should be primary (i.e., for educators, school performance is the primary outcome and for social service professionals, that child and family functioning is primary).

Several groups are working on defining a set of core outcomes, indicators, and benchmarks. While these target different levels and are being developed for different purposes, they have some common elements.

- Several groups (CAPD, 1993; CSSP, *et al.*, 1993; Joining Forces, 1990; McCroskey, *et al.*, 1991; McCroskey and Nelson, 1989) have begun working on developing a core list of **outcomes for families and children** (or outcomes for specific programs such as child welfare or school-linked services). These groups use data that are readily available and identify outcomes which are relatively easy to agree on.

- Some publications (United Way, 1992) emphasize **service delivery processes** and relationships, principles, and some concrete program or service elements and define them as standards. Taken together, these standards are to be used as benchmarks to assess the well-being of a community's children and families, to gauge how needs are being met, and to develop a system for measuring changes.

- Some guides (Blank and Melaville, 1993) delineate the key stages and tasks involved in the **process of system change** and itemize separate steps under each heading. The steps promoted as essential to the process are presented in a question form that can be used as benchmarks to asses the collaborative process.

- Some (CASFC, 1991; Johnson, *et al.*, 1989; Ooms and Preister, 1988) present **evaluative criteria,** stated in the form of a set of guiding principles or key elements that flesh out the concept of family-centered, collaborative services. Accreditation standards and evaluative criteria can be used as benchmarks or for outcome measurements. United Way (1992) provides a list of indicators for evaluating multi-sector collaboratives in community-based projects.

- Some publications identify separate, broad **components of system change** and, under each, the particular characteristics or sub-elements of the components. These are called

indicators of system change. (Some good examples are Checklist 2 in Blank and Melaville, 1993; Gardner, *et al.*, 1991; Henderson, *et al.*, 1986; and Snyder and Ooms, 1992.) These checklists are used as indicators of whether, and to what extent, the benchmarks have been achieved.

- Some groups (Kids Count, California Now) are developing **outcome measures at the community level**. These community "score cards," with indicators on children and families and some social indicators, can be used as benchmarks to assess how children and families are faring, how agencies are performing, and whether certain outcomes are being attained or not. The Kids Count project is a national, state-by-state effort that brings together the best available and most recent data to track children's educational, economic, social, and physical well-being among states and over time (CSSP, 1992).

ISSUES AND CHALLENGES IN DESIGNING OUTCOME-DRIVEN POLICIES

Aside from the complexity of defining a set of core outcomes, there are some challenges that policymakers need to address when designing outcome-driven policies and programs.

- It is important that outcomes be developed in a public forum. If communities can pull together a cross-section of people to agree upon a set of outcomes and indicators which will assess their progress, wider ownership of both the process and outcomes will result. Although there is no guarantee that line workers and consumers would agree on what the outcomes should be, establishing the dialogue is a great contribution. Issues about the specific use of the outcome data and the consequences attached to success or failure in achieving the outcomes should be clearly spelled out during these discussions.

- Political pressure for immediate results is a potential barrier to outcome-driven policies. To be successful, programs require much more than well-defined outcomes. Staff and programs who will be held accountable must have <u>real</u> authority to implement interventions and adequate resources to respond to the needs of multi-problem families. Few communities have all the services and resources needed, which has implications for both the extent to which defined outcomes are realistic and the degree to which managers and staff will accept what are seen as new and unrealistic expectations without sufficient support behind them.

- There are serious concerns regarding the quality and availability of data from which the indicators of the selected outcomes must be derived. Comparisons are usually difficult because the definitions of terms and measures are not standardized. And often the process of data collection itself is flawed. Furthermore, evaluation shouldn't focus on outcomes alone. The experimental nature of many of these projects means that process evaluation will be critically important to the projects themselves and the wider community that is trying to learn from these early innovative endeavors.

- While we have gained some information about "what works," little is known about why certain interventions work, or to which specific aspect of a program this success can be attributed. Much finer-grained research and analysis are needed to clarify the relationship between short-term outcomes (which are often the most easily measured and monitored) and long-term impacts.

- Some advocates believe so strongly in the power of community-wide outcome measures that they are proposing that any community that has adopted outcome measures be able to waive any restrictions on the use of current funding. A less extreme alternative would be to eliminate only those categorical funding requirements in a given outcomes area (such as low birthweight,

drop-out rates, or institutionalization of children). This proposal would differ from previous block grant reforms in that it would condition newly pooled funds on the development of outcome measures set by a community-wide process rather than relying on the political process to spend funds appropriately.

Measuring Outcomes

(Sources: Brown and Zill, 1992; Cleary, 1988; Hauser, *et al.*, 1988; Howrigan, 1988; Kimmich, 1993; Krauss, 1988; McCroskey and Nelson, 1989; Upshur, 1988; Walker and Croker, 1988; Weiss and Jacobs, 1988)

Measurement of outcomes in integrated, family-centered systems reform efforts present a unique set of challenges for evaluators. The diversity of targets (which range from family to whole systems), scope, source, and service models of the reform initiatives demands the development of innovative and relevant assessment tools.

Furthermore, the range of outcomes to be measured (which many times include contextual information, processes, and interactional behaviors) require: (i) different methods to collect the information, for example, paper and pencil tests, observation, audio and video recordings, surveys, focus groups, and many others; (ii) the use of valid and reliable instruments; (iii) training of staff using the assessment tools; and (iv) making the assessment as "family friendly," as possible by using the information gathered for the improvement of service delivery and making the assessment a participatory experience.

The following section will illustrate some of the outcomes and indicators used in family-centered, integrated reforms; discuss some of the issues related to the measures and methods to assess the indicators; and, when possible, exemplify current evaluation efforts measuring those outcomes.

CHILDREN AND YOUTH

For the past 20 years, definition and measurement of child and youth outcomes focused primarily on physical or cognitive domains, often relying on measures of intelligence and achievement. Other areas of child performance (i.e., social competence) were virtually ignored, even when the program was designed to influence a broader range of outcomes. For example, despite the mandate of Head Start to influence a broad range of outcomes, more than half of the effectiveness studies conducted during the first 20 years of the program focused primarily on cognitive development.

While the goal of most integrated, family-centered reforms includes improving child functioning, by definition these programs point to the need for greater attention to family and community outcomes as the primary route toward this end. Therefore, evaluation needs to emphasize the importance of a broader approach to the measurement of child-focused outcomes.

The following is one example of a child-focused outcome, together with the indicators, measures, and some benchmarks (Improved Outcomes for Children Project [CCSP, 1993]).

Outcome: To increase rates of healthy births

Indicators: Lower rates of:
- Premature births
- Low birth weight
- Late or no prenatal care
- Birth to school-age mothers

Benchmarks:
- Reduced rates of unintended births
- Reduced rates of teenage births
- Increased in proportions of pregnant woman receiving prenatal care
- Higher rates of students succeeding at school
- Increased proportions of adolescents and young adults who are in good health
- Increased proportions of parent preparation for childbirth and parenting
- Increased proportions of parents receiving family planning services and information

ADULTS

Family-centered programs target adults in two different ways: increasing their parenting skills and providing services to support them as adults. (These interventions may ultimately benefit the children but this is not the direct goal.) Traditionally, the effectiveness of family support programs have focused on child outcomes. Virtually nonexistent are descriptions of measures of changes in the parents (Upshur, 1988).

However, during the last few decades several developments (i.e., parent involvement in early education programs for young children, family literacy programs, "two-generation" self-sufficiency programs, etc.) have begun to incorporate measurements of impact on the adults (development, mental health, etc.) as well as on interactive parenting behavior.

A critical dimension of measuring parenting outcomes is the measuring of the interaction between parents and child. Interaction measures vary on a number of dimensions, such as the age of the children, the behaviors of interest, and the resources available.

Howrigan (1988) makes two important recommendations for parent-child interaction evaluation. (1) There is a need to choose instruments that allow the incorporation of information on individual children's characteristics and to assess the child's contributions to the interactions. (2) Evaluators must question the universal applicability of parent-child interaction styles and take seriously the notion that environmental constraints and culture-specific ideologies powerfully affect how parents can and should interact with their children. To this end, he recommends using ethnographic methods to document communities' child-rearing goals, expectations, and theories.

◆The National Black Child Development Institute (NBCDI) has launched *The Spirit of Excellence Parent Empowerment Project* in Washington, DC. The goal of this project is to enhance the ability of parents to function as individuals and as parents within the community and in educational and work environments. According to their own definition of empowerment, this project will be evaluating outcomes such as: (i) family adaptability and cohesion with the FACES instrument; (ii) types of assistance needed with Dunst's Family Needs Scale; (iii) employment and training activities with the ECCO Demonstration survey; and (iv) several others (NBCDI, 1993).

The core outcome in two-generation programs (Smith, *et al.*, 1990) is to increase economic self-sufficiency. Some of the indicators are: increased levels of education; decreased welfare dependency; increased job skills/vocational skills; and increased levels of employment.

Some of the benchmarks for assessing an individual adult's progress towards the goal would include: finding appropriate child care; enrolling in an alcohol abuse program; improving literacy skills; enrolling in a GED class; developing work-related skills; exploring job opportunities; making initial appointments for a job search; and getting employment.

◆Standard measures do not exist for most of these indicators. The impact evaluation of the Comprehensive Child Development Program (CCDP) is using the following indicators to measure economic self-sufficiency: education certificates, degrees, employment salary, income, and use of government assistance. These data are gathered in the parent interview (Lopez, 1993).

◆Child Trends is conducting the Child and Family Subgroup Study, a component of the national evaluation of the JOBS program. The goals of this evaluation are to: (i) improve upon existing survey measures of the mother-child relationships; (ii) explore the feasibility of carrying out direct observations of mother-child interaction within the context of a survey research study; and (iii) examine the congruence between self-report measures and observational measures of the mother-child relationship (Zaslow, *et al.*, 1993).

FAMILY SYSTEM

There is a growing recognition within the services integration movement that services must be more family centered. (The terms *family centered, family focused,* and *family based* are generally used interchangeably.) At the direct service level, family centered refers to services targeted to the family as a unit. In this area, the challenge is developing methods to assess family outcomes. What do we mean by family strengthening or supporting families?

In the child welfare field most measures have focused on risk assessment (to protect the child). Most of the instruments focus on deficits and pathology, and generally do not assess strengths. As a result, some efforts are underway to improve assessment tools.

◆The Child Welfare League of America (CWLA) is currently engaged in a project to improve the family assessment process used by their agencies by designing a family strengths inventory (FSI). The FSI will be different than measuring parenting ability. It will look at the capacities of individual family members, the family's support system, and the community resources that could be tapped to increase parenting capacity. This instrument will be able to measure outcome in the parenting domain (Day, 1993).

Also in the child welfare field, McCroskey (1989) and Kimmich (1993) have developed family assessment forms that are useful for evaluating outcomes of in-home family support services, which are especially relevant to integrated systems reforms efforts.

Clinical advancements in the family systems field have not had a large impact on the evaluation of family-centered programs because of the lack of family assessment instruments. However, in the last few years considerable work has been done and effective assessment of family functioning has improved dramatically in terms of reliability, validity, and clinical utility (Olson, 1993).

Some of the instruments most widely used in the family field to measure outcomes of marital and family functioning are: (1) Family Adaptability and Cohesion Evaluation Scales (FACES II) (Olson, *et al.*, 1985); (2) Family Assessment Device (FAD) (Epstein, *et al.*, 1983); (3) Family Assessment Measure (FAM III) (Skinner, *et al.*, 1984); (4) Family Environment Scale (FES) (Moos, 1981); and (5) Self Report Inventory (SRI) (Hulgus, *et al.*, 1985). These instruments measure outcomes of cohesion, adaptability, conflict resolution, values, family health, family strengths, and others.

NEIGHBORHOOD

(Source: Smith, 1993)

In an effort to begin developing methods and measures to be used in the evaluation of neighborhood-level changes, the Foundation for Child Development (FCD) recently funded five projects serving low-income families with young children. These projects will assess different (as well as overlapping) characteristics of neighborhoods. These include the adequacy of social, health, and early childhood services available to families; the quality of social support provided by neighbors and community institutions; social climate and public behavior (e.g., criminal activity, nature of social transactions in public places); and the quality of housing, transportation, and neighborhood facilities such as parks and playgrounds. A variety of data collection methods and instruments will be piloted in the projects: focus groups, in-person interviews with parents and service providers, participant observation, questionnaires completed by mail, and documentation based on neighborhood observation and collection of public data. In several instances, findings related to a similar construct will be compared across different sources of data (e.g., ethnographic observations vs. parent report). Public statistics such as community demographics and rates of crime will also be used in some of the projects as a context for interpreting neighborhood profiles.

These projects will provide a laboratory for the development of a wide range of measures and methods relevant to the neighborhood-level assessment of family conditions and social ecology.

SERVICE SYSTEMS

Coordination and collaboration are core strategies of the services integration movement. But they are broad concepts that have yet to be operationalized into standards and benchmarks. (The Family Impact Seminar is initiating a project to identify benchmarks for systems change.)

Some of the specific indicators of coordination at the service delivery level are co-location of services and one-stop shopping initiatives; at the program level, the flexibility to use resources across boundaries, the joint roles of staff, and joint efforts at intake; and at the city level, joint development of mission statements and accountability measures; at the state or federal level, policy changes or waivers to produce pooled funding streams for local programs or changes in regulations to eliminate major barriers to collaboration. However, much has been said about all these strategies being a means to an outcome and not an outcome of their own (Golden, 1991).

◆The Healthy Start (Comprehensive Integrated School-Linked Services evaluation) initiative in California identified some of these indicators for collaborative functioning and change.

Funding structures and/or practices:

- Refinancing
- Reallocation
- Pooled funds
- Contracting and monitoring
- Joint accountability

Collaborative interaction:

- Frequency and length of meetings
- Formality of meetings
- Meetings attendance
- Level of participants in meetings
- Procedure for setting agenda

- Conflict resolution procedures
- Formal and informal communication methods among members
- Decisionmaking practices
- Agreement on vision

Service provision:

- Staffing
- Use or nonuse of co-location
- Use of out-stationed workers
- Changes in roles
- Use of cross-training
- Degree of service integration
- Referral procedures
- Interagency agreements about confidentiality
- Case management models
- Link of referrals to actual services
- New services

PART III. INFORMATION SYSTEMS AND DATA INTEGRATION

(Sources: Baker, 1993; CAPD, 1993; Goerge, 1991, 1993; Hebbeler, 1993; Stagner and Deutsch, 1992; Urban Strategies Council, 1991; Usher, 1993; Wagner, 1993)

As evidenced by recent legislative and privately funded initiatives and feasibility studies, there is now widespread agreement that the development of complex information systems and interagency databases are crucial components of current family-centered, integrated reform initiatives. [The Federal Administration Management Information System (FAMIS), the Adoption and Foster Care Analysis and Reporting System (AFCARS), the Pew Charitable Trusts' *Children's Initiative*, and the Annie E. Casey Foundation's *Family to Family Initiative* are just a few examples.]

Several meetings are being convened to discuss these topics and the Ford Foundation sponsored two meetings (December 1991 and August 1992) to address issues of the potential of information technology in human services. In addition, the Ford Foundation has awarded a grant to the National Center for Service Integration to survey the field and highlight innovative use of technology to enhance comprehensive services.

Overview and definition of terms

Data are raw, unorganized facts, figures, and observations that are meaningless individually; **information** is data that have been organized into a meaningful form. **A system** is a set of elements that operate together to accomplish organizational or personal objectives.

Information systems are the procedures that are used to collect, record, store, retrieve, tabulate, and report data. The terms *management information system* (MIS), *client information systems*, and *family information system* are used interchangeably for information on children, families served, program operation, services, and costs.

Federal and state agencies use various approaches to collect a range of data and organize it in different ways to accomplish different objectives. Dimensions on which information systems differ include: the level of governance (local, state, federal) for which the system is designed to provide information, kinds of data being collected, availability and type of computers available,

type of reports generated from the data, capability of the system to address the federal reporting requirements, and other factors. For monitoring purposes the data reported is on the populations being served, number of services being provided, ways in which the money is spent, and general compliance with requirements.

Local programs use management information systems to track the delivery of services. For this use the systems can generate statistical reports on clients, produce lists of families in a variety of ways, track individual services, produce copies of family's records, provide links to information about other resources on the community, and so forth.

A database is a collection of individual records that are related to one another. Each program and agency typically has their own database with related information.

Data integration. The services integration movement was conceived against the backdrop of problems created by a categorical, fragmented system of service delivery that is not equipped to respond to the needs of low-income families. In the National Commission on Children's final report, the first recommendation to make programs and policies work for children and their families is to "form an easily understood, comprehensive, and cohesive system that helps families seek and secure benefits and assistance, encourages collaboration among programs and services, and responds to the multiple needs and problems of severely troubled families" (National Commission on Children, 1993: 13).

The call of the services integration movement suggests a need for the development of integrated data systems to facilitate and closely accompany the integration of services.

Data integration refers to the linking or merging of data across agencies and across services. Because states have not had the experience of creating integrated databases, they usually don't have the personnel with the skills to do it and, therefore, they require a great deal of technical assistance to develop and implement integrated databases.

Applications of data integration to systems reform. The following are some of the applications of integrated databases to the services integration movement.

• Complying with reporting requirements
(Sources: Harbin, 1993; Hebbeler, 1993; Marks, 1993)

Federal and state governments use the data from information systems for accountability purposes. Traditionally, the information systems have been used for reporting extensive data on program activity such as the number of services provided (e.g., how many families were visited, how many times), expenditures, and whether eligibility for services was adequately documented.

The following is an example of a legislative mandate to develop information systems that need to collect data from different systems.

◆Congress established the Program for Infants and Toddlers with Disabilities, (Part H of the Individuals with Disabilities Education Act) to expand the availability of early intervention services. The law requires that each state develop a statewide comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and toddlers with disabilities and for their families. Fourteen components of the system are prescribed. The last of these components requires states to develop a data system that can report several kinds of information about infants and toddlers in early intervention: the number in need of service, the number receiving service, and the type of service provided. Except for being able to supply these required data, the parameters of the data system are left entirely up to the state. The particular

working of the data component suggests that Congress was interested in having information from states for program accountability purposes to see if the basic goals of the legislation were being met (Harbin, *et al.*, 1993).

Hebbeler's review (1993) of the eight states with extant data systems in early intervention found that states have used contrasting approaches to collect different kinds of data and to organize it in different ways. Most state agencies are integrating information from different data systems to oversee service delivery by local programs, bill for services, and respond to the federal reporting requirements. Lead agencies are also sharing data with state legislatures to help them understand the need for early intervention.

• Improving the delivery of services
(Sources: CAPD, 1993; SRI, 1993; Wagner, 1993)

In most current information systems, caseworkers can access only current service status in one program or department or, at best, the history of an individual's receipt of services from one program. To be more responsive to the needs of the family unit, as well as each family member, it may be that the service provider should know all the services that the family has received over time and those being received currently, and all of the diagnostic and eligibility labels or problems that the child or that family has experienced. Tracking the service provision by use of an interagency database provides case managers with family-level information from multiple agencies.

The benefits of using integrated data for improved service delivery has not been fully accomplished because, so far, most of these data have not been made available to the service providers (despite the fact that, according to experts, it is technically possible to organize data at the individual or aggregate level in any state in which client-level data on services is being stored on computers). The two data-matching efforts described above are not yet being used to improve direct service delivery.

◆The Services Reform Initiative (SRI) of Maryland's Office for Children, Youth, and Families developed HomeBase, currently one of the most advanced statewide case management information systems. HomeBase is specially designed for case managers providing family-focused, intensive case management services. The major components of the system (all of which are user-friendly) are: referrals, case management, ACTLOG, and reports.

The referral section quickly captures key demographic information and indicators and transfers this information electronically to all SRI locations. (For example, in Prince George's County PCs have been set up in local Department of Social Services, Department of Juvenile Services, lead education agencies, and mental health offices where referrals are made.) Workers at the SRI locations input the required screens of information and send them to a gatekeeper at the Department of Family Services.

The case management section enhances this base of information while building the plan of care. It's also the place where case managers enroll providers, measure progress, and manage case closure.

One of HomeBase's strongest assets is its ability to link information together. Individuals are associated with families and their needs are defined according to Life Domain categories. All Life Domain categories are associated with goals which are then linked to outcome measures as well as the strategies used to achieve these goals.

ACTLOG captures the day-to-day activities of case managers, such as personal counseling, making phone calls, providing goods or services, and attending meetings. By graphically

displaying this information, HomeBase is able to show case managers at a glance whether they are following the model advocated by their jurisdiction. One such model calls for intensive, home-based services that are concentrated in a six-week period. This information then becomes part of the self-evaluation. ACTLOG produces printed reports and graphs for additional evaluation.

Information in HomeBase is also used at the state level, where data is collected and compiled to give a broader view of the models being used throughout the state management process.

◆The Pew Charitable Trusts' Children's Initiative has as primary goal of using similar kinds of management information systems to support family development practice, family-centered activities, streamlined intake and eligibility, and cross-agency case management and planning, including identification of child and family needs, service plans, service utilization, referrals, and service gaps and barriers.

◆In California, a partnership of 12 private foundations is funding a large-scale effort to develop an integrated case management information system for the California Comprehensive Integrated School-Linked Services (Healthy Start) evaluation. This project is looking at the most commonly used programs, developing a dictionary of common data elements, and writing the specifications for a software primarily designed to meet the needs of case managers working in the Healthy Start sites. Vendors will develop the software and sell it. Unfortunately, this information system will not be linked to any of the state's databases.

Providing information for process and outcome evaluation

The centralized data management systems that currently exist in most human service agencies do not provide policymakers and administrators with outcome data. An integrated, interagency database would provide information to support the process and outcome evaluation of system reform initiatives so that state and local officials and administrators have the critical information that they require to review the program effectiveness and efficiency and, based on the evidence, refine the program as necessary. Moreover, multi-site outcome evaluations depend on the successful implementation of a comprehensive database from which data can be extracted.

Obtaining a broader understanding of families' experience in the system

It is crucial to gather data from multiple agencies to conduct research that will lead to a better understanding of the experience of families and children. This information can help policymakers and administrators design more responsive services and policies. This type of research is infrequently done because there needs to be a single database, organized by individual and family units available, with a complete history of information from all previous extracts on all children and families in the database.

In conducting research, interagency databases can be important resources to help increase the understanding of the experiences of populations being studied. For example, (i) many research questions and hypotheses about outcomes require using large samples of families. Small sample size prevents testing a large set of hypotheses because of an inability to include many variables in multivariate analyses. (ii) Low-incidence events in the context of large service systems (e.g., child deaths in institutions) are difficult to study in small samples. (iii) Larger samples allow the assessment of many possible determinants of outcomes. Researchers always prefer to include demographic data, individual or family problems, and service and community information in a multivariate analysis of a particular outcome (Goerge, 1993). Sample surveys and the usual research methods cannot provide a view of the entire population.

Interagency databases can also provide a longitudinal view of children's "human service careers" from birth to adulthood. The importance of this for policy and practice, and what makes this type of research different is that the focus of the analysis becomes the child or the family longitudinally, and not the categorical service the child may receive. Longitudinal information about the sequence and duration of services that children receive through childhood and adolescence (i.e., make it possible to see what "door" is used by families entering the system) is rarely done.

◆The Illinois statewide data match is one of the only longitudinal efforts currently in place. Goerge (1991) describes the careers of children in child welfare using the common features of these careers, like the transitions among agencies, services, treatment modalities, and service settings, or the transitions between statuses or the occurrence of events other than moves among service settings.

Underscoring the crucial importance of having a longitudinal perspective, Lynn Usher (1993 A) indicates that current child welfare information, gathered from looking at children who are in the system at one point in time, indicates that the average length in foster care is 24-36 months. This information can be misleading. By analyzing the data longitudinally and tracking children's careers in two or three years, he found that 95 percent of children that were in emergency shelters and returned home immediately, never went back into foster care. These children are seldom counted in one-time, cross-sectional efforts.

Similarly, the Department of Education follow-up studies have demonstrated that using one-time dropout data can overstate a portion of the problem because it does not determine whether dropouts eventually return to school.

What does an integrated management information system look like?

◆*Family Assistance Management Information System (FAMIS).* In June 1980, Congress enacted Public Law 96-265 to provide federal financial support to state agencies as an incentive to develop and expand automated Title IV-A (AFDC) application processing and information retrieval systems. As a result, the Administration for Children and Families (ACF), Division of State System Approvals, developed the FAMIS as a general system design for AFDC. FAMIS is intended to assist the state in determining the basic requirements for systems design, augment the states' design definition, and establish basic standard systems components and file elements for future interfaces.

With the passage of the Family Support Act, and its emphasis on coordinating all agencies providing income maintenance, social services, education, training, and employment programs, automated support became critical. ACF is strongly encouraging states to utilize their FAMIS systems in conjunction with a JOBS automated system (JAS) either by integrating their JAS in FAMIS, or interfacing with FAMIS. Child care services may also be included in the FAMIS system. Virtually all the systems developed with the enhanced funding include AFDC, Food Stamps, and Medicaid. Some also include the Child Support Enforcement Program.

To curtail systems development costs and avoid duplication of effort, ACF has adopted a policy which requires states to transfer an existing FAMIS system from another state. This policy has eliminated some of the risks associated with developing a new system. Each time a system is transferred, both program and technical improvements are made to keep up with the "state-of-the-art."

Thirty states currently meet FAMIS functional requirements, three are developing plans to implement an automated statewide system, six are conducting some type of pilot implementation, and nine are in beginning planning stages. Only two states have no FAMIS activity.

◆Maryland's HomeBase system (see description above) establishes a common interface and relies upon a common set of data elements across agencies. This approach links caseworkers to relevant information and provides an alternative method for linking existing record systems, without incurring the cost of building an entirely new system.

◆The Pew Charitable Trusts perceives the following "ideal" data integration system as the long-range goal for information systems development of the states selected to participate in the Children's Initiative. This goal would have to be reached by attaining a series of intermediate solutions developed and implemented over the life of their Children's Initiative.

"A *full-scale integrated, interagency database* will be one that supports multiple applications, including cross-program streamlined eligibility processing and management of case data for the family-based services provided. All computerized information on service provision at the individual or family or program level would be accessible to all levels of staff, with access to information controlled by confidentiality, informed consent, and data sharing agreements between agencies. While the technical specifications of such systems are complex, given today's technology, it is possible (given sufficient political will and resources) to provide all levels of staff with the information that they need at their desktop, be it case-level or aggregate information" (CAPD, 1993: 6.1).

Although no state is close to being able to implement such a system, some efforts are now underway to use integrated information on children and families' needs, service utilization, and outcomes.

Record linking or data matching

This process involves pulling extracts (at a single point in time or on a periodic basis) from program files that exist in separate or unconnected, in-state and local agencies' databases and matching children or families from each agency to create a single file.

The following are examples of some of the efforts to integrate data by data matching.

◆In California, the Urban Strategies Council and the Oakland Interagency Group for School-Linked Services, a consortium of public health, education, and social service providers, conducted a one-time survey (data match) of the public service use of students attending eight schools in Oakland. The data match was mounted as part of their efforts to assess community needs and resources. The data match for this survey was obtained by electronically matching student records from eight schools with the databases of 19 income, health, and social service programs run by the city or county government. Some of the findings of this data match were that: (i) almost two out of three students in the study used public services, and large numbers were known to several programs at the same time; (ii) students who are having trouble in school are also more likely to use public services; (iii) more resources are devoted to crisis responses than to prevention and maintenance supports; (iv) there are strong relationships between race, language, and service utilization; and (iv) mobility appeared to be associated with high program use and low school performance.

◆Oakland's data match was inspired by the New Beginnings project in San Diego, in which a comparable interagency group came together to collaborate in providing services to families around a low-income, multi-ethnic elementary school. Based on San Diego's data match findings, agency leadership determined that much greater coordination with schools was feasible. All this was part of the feasibility study which convinced agency partners that public agency investments,

particularly those of the county social services agency, justified collaboration in joint service delivery at the pilot school.

◆A larger-scale (statewide) data match effort is being conducted by Robert Goerge, from the Chapin Hall Center for Children at the University of Chicago. Goerge developed an interagency database by linking administrative data on public child welfare and protective services, state mental health services, special education, juvenile correction services, AFDC and Medicaid programs, and public health (birth certificates). Because this database utilizes a series of departmental databases, each of which contains all the children who received the particular services provided by a department, it is possible to survey the entire population of children in Illinois who are receiving or have received those services over the course of a decade. This process has been complicated by the fact that the identification numbers across these disparate agencies are not assigned by one source or with one algorithm (such as the Social Security Number). This problem can be solved through "probabilistic" matching, using children's names and demographic characteristics.

KEY QUESTIONS AND ISSUES ABOUT INFORMATION TECHNOLOGY

(Sources: Baker, 1993; Duncan, *et al.*, 1993; Goerge, 1993; Goldman, 1993; Hobbs, 1991; Joining Forces, *et al.*, 1992; Marks, 1993; Stagner and Deutsch, 1992)

Confidentiality. One of the barriers frequently identified in data sharing and data integration discussions are the regulations and statutes which protect the confidentiality of family and/or individual case records to the detriment of efficient and cost-effective service delivery. Confidentiality rules are a way to protect people from unwarranted invasions of their privacy and from use of information for a purpose for which it was never intended. The rules also protect people from the repercussions that could result because of negative public attitudes. Confidentiality restrictions are not limited to agencies. A number of professionals---doctors, mental health workers, and social workers---have legal obligations or strong ethical standards that prohibit the release of information about a patient, client, or student without consent.

Issues of confidentiality are also being addressed with changes on information in financial institutions (banks, credit agencies, etc.).

The ACLU Project on Privacy and Technology (Goldman, 1993) argues that the uses of new technologies are always threatening to overtake current law, leaving society without a new set of laws or social mores to limit and define the uses of the new devices. But the solution is not to condemn automation and computerization, but to find ways to use them while protecting the rights to individual privacy. Keeping in mind these restrictions can help in understanding limits and exploring alternative approaches.

Two recent comprehensive reports on managing confidential information in interagency projects (Hobbs, 1991; Joining Forces, *et al.*, 1992) found that, contrary to popular belief, the law is not the sole or even the principal barrier to efficient and effective exchange of confidential information. Therefore, their recommendations do not press for immediate major changes in the law, but focus on actions related to good program planning, improved automated file design, and more supportive administrative policies and practice.

These reports suggest, among other things, that (i) interagency agreements greatly facilitate the exchange of information among service providing agencies. Sharing of data must be kept to a minimum, however, if agencies do not develop information-sharing agreements. (ii) Written parental consent will be necessary for complete information sharing to occur in specific circumstances. (iii) When the data is used for aggregate analysis only, names can be masked and

there is a lessened risk of confidentiality problems. There are several barriers that have a major impact on daily operations and are management issues.

Common identifier and data elements. Since common identification numbers are not used by different departments, computer programs must be employed to reliably link children to families and records from one service population to another. Critical technical tasks in the construction of integrated databases are to insure that: (i) individuals are linked to other members of their families, so that data can be used at the family as well as individual level; (ii) and that there are common identifiers or a set of identifiers across agencies (for example, that they all use the social security number). (iii) Multiple pieces of identifying information increase the probability of correct matches. (iv) Data must be stored in the same format and (v) data elements must be comparable (for example, that the definitions of ethnicity are the same) (Baker, 1993).

Creating a "user-friendly" environment. The quality (and quantity) of data depends in great measure on how it is collected at the frontline. It is the extent that data integration can be used to improve service delivery that will ultimately determine the worth of the data system. When data systems appear driven by the federal reporting mandates, by developers who are unfamiliar with the service delivery system, or by the needs of outside evaluators, they decrease their value. Therefore, the single most important factor in designing a data system is to identify up front all the possible ways in which information can improve the provision of services.

Typically, the information collected by the providers is fed to a centralized data processing unit where it is stored but seldom used. Frontline caseworkers and supervisors rarely receive useful information on their own clients or their own performance, and they have little incentive to make sure that the data entered into the system is accurate. Other times, the information system is only used to monitor the frontline worker, which they may perceive as a threat to their job.

To increase staff's motivation to be efficient in data collection and recording, it is extremely important to provide caseworkers and their supervisors with the computer tools that may facilitate the collection and use of information. If computer systems help workers do their jobs, they will become invested in the information that goes into them. The developers of the Head Start Family Information System, for example, are experimenting with using pen computers, ATM "type" cards, scanners, and even small lap-top computers to facilitate the process of recording information.

Caseworkers must also have significant input into the development of the forms to collect the data, the design of the evaluation, and the extensive technical assistance in coding. In addition, if people at the frontlines and program administrators can use technology and reporting procedures which make their work easier to do or gain greater access to and ability to use information, it may lead to the collection of more accurate information and the development of data that more adequately describe circumstances and outcomes of clients.

Size of database. Because comprehensive programs are multidimensional, an open question is how much data can or should be collected and maintained in interagency databases. Computer technology makes it possible to collect large amounts of data in new and creative ways. Many times the data collection process takes time and resources away from service delivery and imposes an added and unnecessary burden to families and frontline workers. Furthermore, programs usually have a wide range of data reporting requirements. When creating an information system, critical choices must be made about what data should be collected and analyzed and for what purposes.

What comes first? Some experts believe that lack of data integration is thwarting service integration. This group believes that without these integrated data, it is very difficult to design and practice in an integrated service environment. A differing view is that services integration must come first. When services integration becomes more prevalent, there will then be a greater demand

for integrated data, and systems will be developed to meet the demand. These different assumptions lead to varying views about the actions to be taken.

Stagner and Deutsch (1992) consider a middle ground by thinking of integrated data---and the tools to use that data---as ways to reinforce efforts to improve the integration of services. Another way of looking at this is that developing linkages between agencies through data sharing will enhance their ability to "learn to collaborate."

Categorical reporting requirements/accountability. Federal, state, and local agencies have different definitions and data structures for each of their categorical programs. These become very important barriers to the integration of data at the local level. In many cases, local data systems are created to respond to federal monitoring requirements without thinking of how these systems might "fit" together. The process of filing separate reports is very time consuming. For example, one Settlement House in New York City reported having to file about 1007 separate fiscal reporting forms with city agencies over the course of the year (Marks, 1993). In addition, federal funds go to support development of incompatible computer systems.

Turfism. Many of the agencies are protective of "their" data. Turf wars between agencies and fear of political repercussions are some of the factors in these protective attitudes. Other times it is difficult to convince agencies to share data for integration at the casework or policymaking level or to gain access to centralized agency data for policy research or planning. In California, for example, the teen pregnancy program, health department, and school district have proprietary databases which do not "talk" to each other.

Costs and funding. Integrated information systems are a "public good." Each actor in the system benefits from having a system of integrated information, but it is not worth it for any individual to try to create such a system. Federal dollars usually cannot be used to create a system because costs must be charged directly to a categorical program.

Resistance from line workers. There are many reasons for the psychological resistances to change in working with automated information systems on the part of all the audiences. This is especially true about human services providers because they think that the dollars spent on evaluation and data collection would be better used to provide services. In addition, many social service providers do not think that what they do can be appropriately captured or have an unquestioned tenet that they have already helped by providing services, regardless of the measurable outcome.

Lack of analysis expertise. During the last few years there have been promising developments in collecting family data. For example, the survey of income and program participation (SIPP) data; the development of a family data archive on CD-ROM; the second round of a national survey of families and households (NSF); and plans for a national health interview survey focusing on family health issues. As a result of these and previous efforts, large amounts of federal and state data are available (Zill, 1991). However, there has not been a comparable effort in investment and capacity building for the analysis of these data. Most states lack the personnel with the level of expertise or the time to analyze and report on existing federal survey data. Several university centers and private firms are beginning to help in the analysis of several components in existing national survey databases and/or provide technical assistance to states to do it. For example, Child Trends helped design and analyze the survey for the National Commission on Children that focused on family functioning and family stresses.

PART IV. FEDERAL ROLE IN DATA SYSTEMS AND PROGRAM EVALUATION

(Sources: Hendershot and LeClere, forthcoming; Institute for Research on Poverty, 1992; Levitan, 1992; Zill and Daly, 1993)

Although many serious problems related to federal involvement in data systems and program evaluation have been identified in this report, the federal government has a clear opportunity to play a uniquely powerful role in promoting improved and integrated data systems, and developing creative new methods of evaluation that fit the emerging child and family services revolution.

Fragmentation of federal statistics

At the national level, child and family-related statistics are collected by at least eight federal departments---HHS, HUD, Commerce, Labor, Education, Agriculture, Defense, and Justice. Within each department, several dozen offices and agencies are involved. They have very little communication with each other and are often unaware of the data and research being conducted by other federal offices. Most of these data collection efforts are related to the needs of particular programs and collect data only about individuals and not about family units. Each office uses different definitions and measures. This fragmentation results in many serious problems, gaps, duplications, and missed opportunities to better understand the needs and problems of today's families (see Hendershot and LeClere, forthcoming; Zill and Daly, 1993).

Note: In 1988, Child Trends compiled a detailed guide to all federal child and family data. An updated version was published in October 1993 (see Zill and Daly, 1993).

The basic administrative data systems through which the federal government requires the states to collect program information (e.g., AFDC, Food Stamps, Child Support) is similarly fragmented. The fact that different federal offices require so many different types of program data, at different times of the year, puts an enormous burden on state and local governments and agencies. These administrative data systems are not linked nor are they outcome focused. Some community-based programs which have several funding sources have to employ full-time staff simply to fill out the federal reporting forms.

While several of these national data sources have suffered funding cuts in recent years, there has been some progress. For example, we now have a couple of very important new longitudinal surveys---the Survey of Income and Program Participation, which collects information about multiple service use, and the National Survey of Families and Households. In addition, several government surveys are collecting information about the Hispanic population for the first time. However, the problems of coordination and integration remain serious.

Federal Role in Evaluation

Although most evaluation research is performed by individuals and organizations in the private sector, the federal government is overwhelmingly the largest single funder of evaluation studies. The federal government supports evaluation through requiring and funding evaluation activity in most of the categorical programs, and through funding specific evaluation studies, especially of demonstration programs, through grants and contracts.

However, it is important to note that several federal agencies themselves conduct audits and program evaluations. These range from the program evaluation reports of the General Accounting Office and the HHS Inspector General's Office, the comprehensive reviews of the Office of Technology Assessment and the National Academy of Sciences, and the microsimulations and policy analyses of the Congressional Budget Office (see Levitan, 1992).

Suggestions and Recommendations

From our review of the literature and discussions with several experts we have compiled the following suggestions and recommendations for an enhanced and more effective federal role.

• ***President Clinton should establish an Interagency Forum on Family-Related Statistics to coordinate existing federal data collection efforts and promote cooperative and collaborative activities between them and between the government and the private sector. A secondary focus of the Forum could be to pool efforts to synthesize and disseminate the findings of national surveys and research efforts in a timely fashion. Membership should draw from the eight federal departments (and dozens of offices) that sponsor child and family data collection and research and include representatives from relevant private sector organizations.***

This is a low-cost proposal, which is likely to receive support from the key Congressional committees, and is consistent with many of the National Performance Review report's recommendations to make government work better. There is also a precedent in the form of the Federal Interagency Forum on Aging Related Statistics which was established in 1986. This recommendation was originally made by the Consortium of Family Organizations in 1991 after it conducted a series of interviews and meetings with federal statistics officials and others. It was then endorsed by participants in the Workshop on Family Data and Health Policy held in March 1993 and sponsored by the National Center on Health Statistics and the Office of the Assistant Secretary for Planning and Evaluation in the Department for Health and Human Services (see Hendershot and LeClere, 1993). A current study of this issue, funded by federal agencies, is underway and will report its recommendations by July 1994 (see page 31).

• ***In establishing data and reporting requirements, the executive branch should specify and require the reporting of results (outcomes) and, in consultation with the states, establish realistic performance standards as a step towards achieving the outcomes. The government should place less emphasis on requiring reporting units of program activity.***

• ***Different programs and federal agencies should collaborate in agreeing on common elements, definitions, and timetables in their reporting requirements to make reporting less burdensome on states.***

• ***The federal government should develop requirements and/or incentives to states and localities to invest in improved and more integrated data systems, as the Administration for Children and Families has recently done in requiring states to use the FAMIS integrated data system if they wanted to receive federal dollars to expand their data systems.***

Since obtaining better data systems is in the national interest, and therefore a public good, it is reasonable for the federal government to pay for most, if not all, of the costs of doing so. The unanswered question is when multiple, categorical systems are involved, which federal office, using which source of funding, appropriated by which congressional committee, will have the incentive or the authority to require, or even encourage, increased integration of these systems.

• ***It is generally a good idea for the federal government to mandate evaluation of new programs and policy initiatives, especially if the desired outcomes are clearly specified and attainable. However, such requirements must be realistic about timeframes and allocate sufficient dollars to do the studies properly. Importantly,***

the legislation should not specify the detailed research designs to be used, but encourage states and local programs to be creative in designing approaches that fit their needs.

- ***Some of the federal education and training monies in human services should be earmarked for training specialists in the new information technologies and evaluation methods. In addition, states should be encouraged and funded to provide each other with technical assistance.***

- ***The research and evaluation offices within federal agencies should collaborate with interested private foundations to convene experts to develop and disseminate a variety of descriptive inventories of new developments in information technology and best practices in data systems and evaluation, such as the development of user-friendly family assessments and other evaluation tools.***

PART V. EXAMPLES OF CURRENT RESEARCH, DATA INTEGRATION, AND EVALUATION INITIATIVES

The following is a selection of current research, evaluation, and data system initiatives conducted at the national, state, and local level, which focus on family-centered and integrated projects. Some of the organizations conducting these activities are also providing technical assistance to other new and emerging initiatives.

NATIONAL LEVEL

Coordination of Federal Child and Family Data Collection and Research

In 1993, four federal agencies---the National Center for Health Statistics, Maternal and Child Health Bureau, Census Bureau, and the National Center for Education Statistics---contracted with consultant Martha Riche to identify and design a model for an interagency body that would help these federal statistical agencies work cooperatively on the identification, collection, and analysis of family data. Riche will begin the background interviews in January 1994, and her report and recommendations will be presented in June 1994. This effort builds on the work of the Consortium of Family Organizations' Family Data Project (see p. 30). Contact: Martha Riche, Population Reference Bureau, Inc., (202) 483-1100 or Gerry Hendershot, National Center for Health Statistics, (301) 436-7085.

Community Based-Mental Health Services for Children in the Child Welfare System

The office of the Assistant Secretary of Planning and Evaluation (ASPE) contracted with Macro International to conduct an assessment of the availability and adequacy of mental health services for children in the child welfare system who are not yet considered to be severely emotionally disturbed. The study assessed the four major systems that have an impact on emotionally disturbed children: child welfare, child mental health, juvenile justice, and schools. In addition, this descriptive study details the efforts of communities where child-serving agencies are working together and identifies the issues and barriers that these communities face in continuing to work toward improved service delivery. Contact: Elisa Koff, ASPE/DHHS, HHH Building, Rm. 404E, 200 Independence Ave. SW, Washington, DC 20201. (202) 690-5880.

Comprehensive Child Development Program (CCDP)

Twenty-four Comprehensive Child Development Programs (demonstration grants designed to encourage intensive, comprehensive, integrated services for infants and young children and their low-income families) were funded in fiscal years 1989-1990. A second set of 10 CCDP projects were funded by the Administration on Children, Youth and Families (ACYF) in fiscal year 1992-1993. To meet the legislative mandate for an evaluation of the first group of CCDP projects, ACYF awarded two contracts: one to CSR, Incorporated for a feasibility and process evaluation and a second to Abt Associates for an impact evaluation. Abt Associates will also be conducting the process and impact evaluation of the second group of projects.

For the impact evaluation, a randomized design was achieved in each site through the program requirement that the projects recruit more families than could be served, and then assign eligible families to program and comparison groups. Contact: Robert Ketterlinus, CSR, Incorporated, 1400 Eye Street NW, Washington, DC 20005. (202) 842-7600. Or Robert St. Pierre, Abt Associates, 55 Wheeler Street, Cambridge, MA 02138. (617) 492-7100.

Community-Based Child Abuse and Neglect Prevention Programs

In 1989 the National Center for Child Abuse and Neglect (NCCAN) funded nine Comprehensive Community-Based Child Abuse and Neglect Prevention programs to encourage community groups to develop community-based approaches to the prevention of child abuse and neglect. NCCAN contracted with CSR, Incorporated to design and implement a process and impact evaluation of these nine programs and to aid the programs in their efforts to design and implement their own internal program evaluations. The goal of this third-party evaluation is to assess the comprehensive, community-based nature of the demonstration projects and evaluate the program components. Contact: Anne Baber-Kennedy, CSR, Incorporated, 1400 Eye Street NW, Washington, DC 20005. (202) 842-7600.

Even Start Family Literacy Program

Even Start is a demonstration program that offers educational services to both children and parents through an integrated program of early childhood education, adult basic skills training, and parent training. Four-year grants are offered to school districts, which provide the services directly or arrange for them through existing community programs. The evaluation of the Even Start program is a four-year national effort with three components: (1) construction of a large-scale database, the National Evaluation Information System; (2) an in-depth study of ten projects, half with randomized experimental designs, to complement the broad-based data with a detailed, small-scale analysis of the relationship between services received and short-term outcomes; and (3) other evaluation studies as desired by individual grantees. Contact: Robert St. Pierre, Abt Associates, 55 Wheeler Street, Cambridge, MA 02138. (617) 492-7100.

Head Start Family Service Centers (FSC)

FSCs are demonstration projects designed to strengthen the capacity of Head Start programs to more effectively address the problems of substance abuse, employability, and low literacy. The goals of the national evaluation are to describe the process of implementing the FSCs and determine whether the families who participate in a Head Start FSC are more likely to identify and address the problems of substance abuse, employability, and low literacy, and, as a result, experience long-lasting benefits similar to benefits experienced by families who attend a regular Head Start program.

Some of the Wave I and Wave II and all of the Wave III grantee families are, or will be, randomly assigned to either the Head Start program or the Head Start program plus the FSC. To conduct the process evaluation, both FSC project directors and case managers complete questionnaires

regarding the implementation, administration, and service delivery model of the FSC. For the impact evaluation, parents at the random assignment sites are interviewed in the fall and spring of the Head Start year and then in the spring of the following year regarding substance abuse treatment experiences, employment history, job training, and education. The final report will be completed in January 1996. Contact: Jean Lazyer, Abt Associates, 55 Wheeler Street, Cambridge, MA 02138. (617) 492-7100.

Healthy Families America

In partnership with the Ronald McDonald Children's Charities, the National Committee for Prevention of Child Abuse (NCPCA) launched the Healthy Families America effort to replicate Hawaii's intensive home visitor program across the country. In 1992, the National Center for Child Abuse and Neglect awarded NCPCA a contract to conduct a comprehensive evaluation of the initial and long-term efficacy of this program. The study has three components: (1) a three-year controlled experiment of the intervention with families randomly assigned to treatment and control groups, with progress measured from intake to termination; (2) a follow-up assessment on a randomly selected group of families who terminated intensive services 12 to 18 months prior to the onset of this study; and (3) a six-month and twelve-month assessment of a smaller, randomly selected group of families identified through a hospital screening protocol or an in-person assessment interview as not being at risk. Contact: Deborah Daro, NCPCA, 332 S. Michigan Avenue, Suite 1600, Chicago, IL 60604. (312) 663-3520.

Jobs Opportunities and Basic Skills Training Program (JOBS)

A principal component of the Family Support Act, passed by Congress in 1988, is the Job Opportunities and Basic Skills Training program, or JOBS. JOBS is a program of education, training, and employment-related services to help AFDC parents move from welfare dependency to self-sufficiency. The Department of Health and Human Services (DHHS) commissioned the Manpower Demonstration Research Corporation (MDRC) to evaluate the effects of participation in the JOBS program on employment and welfare dependency.

Child Trends, as a subcontractor to MDRC, is carrying out the study of the implications of the JOBS program for families with young children. This Child and Family Subgroup Study involves comprehensive assessments with AFDC families in which the youngest child is between three and five years of age when the parent enters the JOBS program. Interviews and child assessments are carried out in the homes of a portion of the full sample randomly assigned to one of the two experimental groups. In addition, two years after random assignment, respondents will be drawn from the experimental and control groups in three sites to be interviewed and further measures of the developmental status of the children will be obtained. The Department of Education plans to gather measures of academic progress of these children from school records and teacher surveys.

The third study within the JOBS evaluation, the JOBS Observational Study, includes a subsample of the study of children and families and it involves videotaping mother-child interaction in the home. Contact: Kristin A. Moore, Child Trends, 4301 Connecticut Ave. NW, Suite 100, Washington, DC 20008. (202) 362-5580.

Services Integration Pilot Projects

In 1985, DHHS awarded five multi-year Services Integration Pilot Projects (SIPP) to Arizona, Florida, Maine, Oklahoma, and South Carolina to develop plans to integrate services to assist varied segments of their populations. In 1991, James Bell Associates began a retrospective evaluation of the states efforts, involving an analysis of the states' self-evaluation reports, initial proposals, and other project documents, as well as site visits to each of the projects. Contact: Elyse Kaye, James Bell Associates, 2200 Clarendon Boulevard, Suite 1005, Arlington, VA 22201. (703) 908-9725.

Youth At Risk: Definitions, Prevalence and Approaches to Service Delivery

ASPE contracted with the Urban Institute to examine comprehensive service integration programs for adolescents 10-15. The overall goals of this descriptive study were to: (1) document how comprehensive, integrated services are delivered to at-risk youth at five locations; (2) identify barriers to providing comprehensive services, and means for facilitating services integration for at-risk youth; (3) examine the role of federal, state, and local government and the nonprofit sector in impeding or facilitating service integration for at-risk youth; and (4) identify issues for further research on the provision of comprehensive and/or integrated services for at-risk youth. Contact: Martha R. Burt, Urban Institute, 2100 M Street NW, Washington, DC 20037. (202) 833-7200.

Study of Management Information Systems for Comprehensive Service Initiatives

The National Center for Service Integration, with funding from the Ford Foundation, will conduct a study on the information system needs of collaborative initiatives, and the technologies currently available to meet those needs. This project will have three products: (1) a description and analysis of the requirements which a management information system (MIS) (for comprehensive services initiatives) should meet; (2) a framework characterizing the current service integration management information systems; and (3) a report which will assess the current supply of MIS in view of identified requirements, identify gaps in technology, and list decision criteria and political, technical, and training issues for initiatives to consider as they select, design, and implement management information systems to support comprehensive, integrated services for children and families. Contact: Deborah Both, National Center for Service Integration, 5111 Pike, Falls Church, VA 22041. (703) 824-0800.

STATE

California Statewide Evaluation of Comprehensive Integrated School-Linked Services (CISLS)

In June 1992, 40 sites throughout California were granted funds, under the legislative authority of SB 620, to begin a three-year effort to restructure education, health, and social services systems in their communities so that children and families would have readier access to a broader array of services through the schools. SB 620 also mandated that both a statewide evaluation and individual, local evaluations be conducted. The Foundation Consortium for School-Linked Services, in partnership with the State of California, contracted with SRI International to evaluate this initiative.

The CISLS evaluation employs a longitudinal design that compares several aspects of both the process and outcomes of the initiative to a baseline measurement of conditions that prevailed when it began. Repeated measures of process characteristics, services provided, and outcomes will be taken to yield a picture of the evolution of the initiative over the three years of the evaluation. Contact: Mary Wagner, SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025-3483. (415) 326-6200.

CGPA Policy Academy on Families and Children At Risk

The Policy Academy on Families and Children At Risk, conducted by the Council of Governors' Policy Advisors (CGPA), sought to help states focus on the multiple problems confronting children and their families across the country. The Family Academy brought together, in an intensive process, interagency teams of top-level policymakers from several states. The independent evaluation of the Family Academy was conducted by Policy Research Associates, Inc. Using several approaches, including surveys and interviews, the evaluation sought to assess the

effectiveness of the Academy process for bringing about a change, document the outcomes for the participating states, and identify key lessons learned. Contact: Joseph J. Cocozza, Policy Research Associates, Inc., 262 Delaware Avenue, Delmar, NY 12054. (518) 439-7415.

Evaluation of the Services Reform Initiative Maryland

Prince George's County and the State of Maryland embarked on the Services Reform Initiative (SRI) to achieve fundamental changes in the planning and delivery of services to families and children. A goal of SRI is to develop a noncategorical system of services that responds appropriately to the needs of each family and provides access to the proper level and mix of services. A team from the Research Triangle Institute (RTI) and the School of Social Work at the University of North Carolina at Chapel Hill conducted an evaluability assessment of the SRI. This team recommended that each state and local governance entity measure a set of outcomes, starting with individual families and progressing to the entire community, according to specific phases of development of the Initiative. To strengthen its capacity for self-evaluation, the Prince George's Commission for Families decided to conduct an analysis of the families being served. Based on the findings of that analysis, stakeholders took several steps to bring services in line with a different model of intensive family preservation services. In addition, SRI instituted a process to monitor and evaluate the targeting and delivery of family preservation services. Contact: Charles Lynn Usher, School of Social Work, The University of North Carolina, Chapel Hill, NC 27599-3550. (919) 962-1225.

Family Preservation Integration Projects for High-Risk School Age Children and Their Families In Minnesota

In 1991, the Minnesota Department of Human Services provided funds to develop case studies of strong family preservation projects operating in several Minnesota counties. The goal of this descriptive study was to have a clearer understanding of the way in which local agencies collaborate to help families maintain a nurturing home and avoid out-of-home placement for their children, and how school-age children are helped to remain in their homes and communities. Contact: Esther Wattenberg, Center for Urban and Regional Affairs, 330 Hubert Humphrey Center, 301 19th Avenue South, Minneapolis, MN 55455. (612) 625-1551.

Family Preservation Services in New Jersey

The New Jersey Family Preservation Program is modeled after the Homebuilders intensive placement prevention program. The evaluation of this initiative was designed to address one of the perceived gaps in previous evaluations: the minimal use of control groups to determine the net effect of the Homebuilders' intervention. In addition, an attempt was made during this evaluation to understand the efficacy of the family preservation intervention in the context of the ecology of each family treated. Contact: Leonard Feldman, Bureau of Research, Evaluation, and Quality Assurance, New Jersey Division of Youth and Family Services, 50 E. State Street, CN 717, Trenton, NJ 08625-0717. (609) 292-8510.

Illinois Family First Placement Prevention Program

The Illinois Family First placement prevention program was design to prevent out-of-home placement of abused and neglected children. In 1989, the Illinois Department of Children and Family Services (DCFS) contracted with the Chapin Hall Center for Children to evaluate the program. The evaluation was designed to test the effects of this program on out-of-home placement of children and other outcomes, such as subsequent child maltreatment, the length of time families remain in the public child welfare system, and several measures of child and family well-being. This study included the largest randomized experiment conducted to date on a family preservation program. Qualitative and quantitative data were gathered from multiple sources to describe the program, workers who provided services, types and amounts of services provided,

families served, and case outcomes. Contact: John Schuerman, Chapin Hall Center for Children, The University of Chicago, 1155 East 60th Street, Chicago, IL 60637. (312) 753-7922.

Michigan's Families First

The Michigan Department of Social Services contracted with University Associates of Lansing, Michigan, to conduct the evaluation of the Families First program. Families First is designed to keep children who would otherwise be placed in out-of-home care in the child welfare, juvenile justice, and mental health systems safely with their families. The purpose of the evaluation is to determine the effectiveness of the model and to compare its cost and case outcomes with those of foster care placement. Contact: Karen Smith, Office of Communications, 235 S. Grand Avenue, Suite 1510, Lansing, MI 48909. (517) 373-7394.

Multi-State Foster Care Data Archive

Chapin Hall Center for Children is establishing a multi-state archive of foster care data constructed from computerized case records collected by state agencies (in California, Illinois, Michigan, New Jersey, New York, and Texas) to track children living in child welfare settings. Two more states will be added during each of the next four years. This will result in an archive containing data from about 70% of the U.S. foster care population. Design principles emphasize data features that promote comparative (between state) and longitudinal (over time) analysis capabilities. Application of the archive will be extended by developing integrated data sets that link case data from other service agencies and by developing geographical techniques that allow "community context" to be brought into foster care analysis. Contact: Robert Goerge, Chapin Hall Center for Children, The University of Chicago, 5801 South Ellis, Chicago, IL 60673. (312) 753-5900.

Pew Charitable Trusts Children's Initiative

The Pew Children's Initiative seeks to improve the health and well-being of children on a broad scale in three states over an eleven-year period (which includes a thirty-month planning phase and nine-year implementation). It sets forth critical outcomes (improved child health, child development, and family functioning, and a reduction in barriers to adequate school performance) and calls for system changes necessary to achieve these outcomes. The nature of the Initiative poses very difficult design issues for the evaluation of impacts on outcomes for children and families. After consultation with a variety of experts, Pew decided that the evaluation will measure and track changes in service utilization and outcomes for children and families within communities and subgroups, comparing indicators before and after implementation of the Initiative. Because these pre-post measures of change cannot be used to determine whether the Initiative was the critical factor in bringing the observed changes, Pew is contemplating the possibility of carrying out an impact assessment of one or two key components of the service strategy in the later expansion phases, after project start-up and once there is evidence of successful implementation. Contact: Patti Pacreasi, Pew Charitable Trusts, 1 Commerce Square, 2005 Market Street, Suite 1700, Philadelphia, PA 19103. (215) 508-3330.

Program Coordination in Texas Welfare-Employment Programs

The Texas Legislature directed the Texas Department of Commerce---the state Job Training Partnership Act (JTPA) entity---to contract with the University of Texas at Austin for an evaluation of public and private coordination efforts affecting the delivery of training and related services to AFDC recipients, especially those targeted for services under the new JOBS program. The evaluation documented the nature and extent of coordination among Texas welfare-to-work programs at the state and local level in the pre-JOBS period and measured its effects on participant characteristics, program treatments, and immediate and longer-term outcomes. Contact: Christopher T. King, Center for the Study of Human Resources, L.B.J. School of Public Affairs,

The University of Texas at Austin, Drawer Y, University Station, Austin, TX 78713-7450. (512) 471-4962.

CITY/LOCAL

Facilitation of Community-Based Service Integration

In June 1991, ASPE provided funds to support state and local service integration initiatives for a National Service Integration Resource Center and planning grants to as many as six organizations to act as facilitators of local integration initiatives. In January 1993, James Bell Associates was awarded a contract to study the six service integration planning grants. The purpose of this evaluation is to identify the lessons from the strategies employed, barriers encountered, and approaches to addressing these barriers. Contact: Elyse Kaye, James Bell Associates, 2200 Clarendon Boulevard, Suite 1005, Arlington, VA 22201. (703) 908-9725.

New Beginnings

New Beginnings is a collaborative initiative involving executives from the San Diego County Department of Social Services and Health and Probation, the City of San Diego, the Community College District, and the city Housing Commission, Parks and Recreation Department, and library. Comprehensive services for low-income families and children are provided at the Hamilton Elementary School in San Diego.

The objectives of the evaluation of New Beginnings are to document, describe, and assess the implementation of New Beginnings and assess outcomes of the system and services for children and families. The process evaluation employs three approaches to understanding the implementation of New Beginnings. A fidelity approach assesses the extent to which the New Beginnings design has been implemented as planned and how various parts of the program have fit together. A process approach focuses on the operation of the system thus far, recording events, behaviors of participants, and how participants perceive the system. And a system approach identifies and measures what features of the system are associated with positive outcomes for families and children. To assess the effectiveness of the New Beginnings services and measure the outcomes for families, the evaluation tracked students at the program site (Hamilton school) and at a comparison school. Contact: Larry Guthrie, Director, Student At Risk Program, Far West Laboratory, 730 Harrison Street, San Francisco, CA 94107-1242. (415) 565-3012.

Oakland Partnership for Change. Linking Schools, Services, and Communities to Serve Oakland Youth

The Partnership for Change is a data match project conducted by the Urban Strategies Council and the Oakland Interagency Group for School-Linked Services, a consortium of public health, education, and social service providers. The data for the survey was obtained by electronically matching student records from eight schools with the databases of 19 income, health, and social service programs, primarily those run by city or county government. To protect confidentiality, all personal identifiers were removed before turning the data over for analysis. Contact: Susan Lubeck, Urban Strategies Council, 672 13th Street, Suite 200, Oakland, CA 94612. (510) 893-6657.

Ramsey County, Minnesota. Community Human Services Department

The Office of Research and Evaluation of the Ramsey County Community Human Services Department has developed a service-wide approach to evaluating the effectiveness of the mental health and social services provided by County staff or purchased through contracts. The Office

integrates information gathered through program evaluation into the decisionmaking processes of staff, management, the County Board, and other interested citizens. Program evaluation is undertaken to: (1) improve program performance; (2) inform planning and funding decisions; and (3) establish accountability for social and mental health services. Contact: Charles Gene Lyle, Office of Research and Evaluation, Ramsey County Community Human Services Department, St. Paul, MN 55101. (612) 298-5351.

Turning Points

The Turning Points program provides comprehensive and ongoing support to children attending selected schools in the District of Columbia and to their families. This support is provided in an effort to prevent family dysfunction and delinquency, foster development of healthy and productive lifestyles, orient adolescents to a lifetime of meaningful work, and encourage and support good citizenship. With funding from ASPE, James Bell and Associates developed a comprehensive evaluation study design plan for a multi-site, junior high school-based comprehensive service program sponsored by the DC Department of Human Services. The evaluation study has three components: process, cost-effectiveness, and outcome. Contact: Sonia Chessin, James Bell and Associates, Inc., 2200 Clarendon Boulevard, Suite 1005, Arlington, VA 22201. (703) 908-9725.

Walbridge Caring Communities Program

The Caring Communities model was developed in Missouri through the collaborative efforts of the Departments of Health, Mental Health, Social Services, and Elementary and Secondary Education. The goal of the collaboration was to create a total restructuring of the way services are offered to children and families in need. The Caring Communities programs are designed to overcome barriers such as cultural insensitivity, bureaucratic barriers, remote locations, outsiders doing things "to" communities rather than "with" them, narrow categorical approaches to problems, and failure to recognize the family as the appropriate unit of service. The evaluation of these programs includes a formative evaluation which describes the process by which each project is created, services currently offered, and the short-term achievements of each project in delivering services. It also includes an outcome evaluation with data from the school system (academic progress among children served), the Department of Social Services (data on child abuse/neglect reports), and the Department of Justice (involvement with the juvenile justice system). Contact: Khatib Waheed, Director, Walbridge Caring Communities Program, 5019 Alcott, St. Louis, MO 03120. (314) 261-8282.

GUIDES

Evaluation

Building Strong Foundations: Evaluation Strategies for Family Resource Programs. Family Resource Coalition, 1993. FRC, 230 North Michigan Avenue, Suite 1625, Chicago, IL 60601. (312) 726-4750.

Building Villages to Raise Our Children: Evaluation. Pamela Miller, Harvard Family Research Project, 1993. Harvard Graduate School of Education, Longfellow Hall, Appian Way, Cambridge, MA 02138. (617) 495-9108.

Charting Change in Infants, Families and Services. A Guide to Program Evaluation for Administrators and Practitioners. National Center for Clinical Infant Programs, 1987. NCCIP, 2000 14th Street North, Suite 380, Arlington, VA 22201. (703) 528-4300.

Evaluating Child Abuse Prevention Programs. Ellen Gray and Joan Di Leonardi, National Committee for the Prevention of Child Abuse, 1987. NCPCA, 332 South Michigan Avenue, Suite 950, Chicago, IL 60604-4357. (312) 663-3520.

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Random Assignment

Videotape produced by Abt Associates, 55 Wheeler Street, Cambridge, MA 02138. (617) 492-7100.

Cost Effectiveness

Cost-Effectiveness: A Primer. H. Levin. Beverly Hills, CA: Sage Publications, 1983. P.O. Box 5084, Newbury Park, CA 91359-9924. (805) 499-0721.

Data Integration

Data Match: A Tool for Assessment and Advocacy. Urban Strategies Council, 672 13th Street, #200, Oakland, CA 94612. This guide is designed to assist communities who are thinking about beginning a data match. It describes the purposes of the match and lays out the steps involved in acquiring and then matching the needed data. It discusses how to handle issues of confidentiality.

Confidentiality

Confidentiality and Collaboration: Information Sharing in Interagency Efforts. Joining Forces; American Public Welfare Association; Center for Law and Social Policy; Council of Chief State School Officers, and Education Commission of the States. CCSSO, One Massachusetts Avenue, Suite 700, Washington, DC 20001.

Tackling the Confidentiality Barrier: A Practical Guide for Integrated Family Services. L. Hobbs, San Diego, CA: New Beginnings, 1991.

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